

Prior Authorization Statistics

4th Quarter 2025

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	O70.22	3RD DEGREE PERINEAL LAC DURING DELIVERY IIIB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D83.1	COM VARIAB IMMUNODEF W PREDOM IMMUNOREG T-CL DIS	J1568	Octagam injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M61.00	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED SITE	61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0960	W/c shoulder harness/straps	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	K0884	Pwc gp4 std mult pow opt s/b	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2604	Skin protect wc cus wd>=22in	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2298	Pwr seat elev sys for crt	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2613	Position back cush wd <22in	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0957	W/c medial thigh support	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0953	W/c lateral thigh/knee sup	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2313	Pwc harness, expand control	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2605	Position wc cush width <22 in	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E1028	W/c manual swingaway	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E0956	W/c lateral trunk/hip suppor	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E2377	Expandable controller, initl	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	K0108	W/c component-accessory nos	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E2363	Gr24 sealed leadacid battery	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E2311	Electro connect btw 2 sys	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E2301	Pwr standing	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E0955	Cushioned headrest	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E1007	Pwr seat combo w/shear	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E0952	Toe loop/holder, each	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E0950	Tray	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E0951	Loop heel	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL Palsy	E1012	Ctr mount pwr elev leg rest	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20938	AUTOGRAFT SPINE SURGERY BICORT/ TRICORT SEP INC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20937	AUTOGRAFT SPINE SURGERY MORSE-LIZED SEP INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	Z48.24	ECTR FOR AFTERCARE FOLLOWING LUNG TRANSPLANT	J1568	Octagam injection	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q21.23	COMPLETE ATRIOVENTRICULAR SEPTAL DEFECT	33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0174	Inj, lecanemab-irmb, 1 mg	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	J1071	Inj testosterone cypionate	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	R39.16	STRAINING TO VOID	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	Z94.84	STEM CELLS TRANSPLANT STATUS	Q5101	Injection, zarxio	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S93.401D	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q21.3	TETRALOGY OF FALLOT	33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1628	Inj., guselkumab, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.08	RHEU ARTHRITIS WITHOUT RHEU FAC-TOR VERTEBRAE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.08	RHEU ARTHRITIS WITHOUT RHEU FAC-TOR VERTEBRAE	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria

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

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

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SKAI_BLUE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30140	SUBMUCOUS RESCJ INFERIOR TURB- NATE PRTL/COMPL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K31.84	GASTROPARESIS	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	K31.84	GASTROPARESIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	K31.84	GASTROPARESIS	43231	ESOPHAGOSCOPY FLEXIBLE TRAN- SORAL ULTRASOUND EXAM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	G0283	Elec stim other than wound	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q21.3	TETRALOGY OF FALLOT	33477	TCAT PULMONARY VALVE IMPLANTA- TION PRQ APPROACH	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Q21.3	TETRALOGY OF FALLOT	93563	NJX DRG CGEN C-CATHJ SLCTV CORO- NARY ANGRPH S&I	Approved	Administrative Approval
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M94.0	CHONDROCOSTAL JUNCTION SYN- DROME [TIETZE]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	49000	EXPLORATORY LAPAROTOMY CELIOTO- MY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	49618	RPR AA HERNIA RECR > 10 CM NCRC8/ STRANGULATED	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58925	OVARIAN CYSTECTOMY UNI/BI	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Administrative Approval
BAAA	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	Administrative Approval
SKAI_BLUE	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.291D	OT DSP FX OF UP END R HMRS SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M86.18	OTHER ACUTE OSTEOMYELITIS, OTHER SITE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.72	PERONEAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N83.519	TORSION OF OVARY AND OVARIAN PEDICLE UNSP SIDE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N83.519	TORSION OF OVARY AND OVARIAN PEDICLE UNSP SIDE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	V89.2XXD	PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33315	CARDIOT EXPL RMVL FB ATR/VENTR THRM CARD BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S32.10XA	UNSP FRACTURE SACRUM INIT FOR CLOSED FRACTURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	D57.03	HB-SS DISEASE WITH CEREBRAL VASCULAR INVOLVEMENT	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S13.4XXD	SPRAIN OF LIGAMENTS OF CERVICAL SPINE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Administrative Approval
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.10	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INF	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z85.46	PERSONAL HISTORY OF MALIG NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Administrative Approval
ABCBS	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	Administrative Approval
ABCBS	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93655	ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	Approved	Administrative Approval
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D72.818	OTHER DECREASED WHITE BLOOD CELL COUNT	Q5101	Injection, zarxio	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9041	Injection, bortezomib, 0.1mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9060	Cisplatin 10 mg injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	S72.342A	DSP SPIRAL FRACTURE SHAFT OF LEFT FEMUR INIT	13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-75 CM	Approved	Administrative Approval
ASEPSE	Inpatient	S72.342A	DSP SPIRAL FRACTURE SHAFT OF LEFT FEMUR INIT	26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	K50.911	CROHN DISEASE UNSPECIFIED WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	55175	SCROTOPLASTY SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D48.111	DESMOID TUMOR OF CHEST WALL	21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.90	FOLLICULAR LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	J9056	Inj, bendamustine, 1 mg	Approved	Met Medical Necessity Criteria

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

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	H90.8	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS USP	69714	IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H90.8	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS USP	L8690	Aud osseo dev, int/ext comp	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	29877	ARTHRS KNEE SURG DEBRIDEMENT/SHVG ARTCLR CRTLG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2329	Inj ublituximab-xiiv, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	41116	EXCISION LESION FLOOR MOUTH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	38724	CERVICAL LYPHAEDEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	49592	RPR AA HERNIA 1ST < 3 CM NCRC8/ STRANGULATED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	V49.40XA	DRIVER INJURED IN COL W UNSP MV IN TRAF INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95714	VEEG BY TECH EA INCR 12-26 HR UN-MONITORED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C67.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER	J9177	Inj enfort vedo-ejfv 0.25mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C67.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER	J9271	Inj pembrolizumab	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	G0152	Hhcp-serv of ot,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	Q5110	Nivestym	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.818	OTHER SYMP AND SIGNS INVOLVING THE NERVOUS SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61537	CRANIOTEMPORAL LOBE W/O ELEC-TROCORTICOGRAPHY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	76998	ULTRASONIC GUIDANCE INTRAOPER-ATIVE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K50.812	CROHN DIS OF BOTH SMALL AND LG INT W INTEST OBST	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S82.131E	DISP FX OF MED CONDYLE OF R TIBIA, 7THE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R45.851	SUICIDAL IDEATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.31	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J1323	Inj, elranatamab-bcmm, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H43.393	OTHER VITREOUS OPACITIES, BILATERAL	J2777	Inj, faricimab-svoa, 0.1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J1323	Inj, elranatamab-bcmm, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	55867	LAPS SURG PRST8ECT SMPL STOT RO-BOTIC ASSISTANCE	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43244	EGD BAND LIGATION ESOPHGEAL/GAS-TRIC VARICES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C85.80	OTH TYPES OF NON-HODGKIN LYMPHOMA USP SITE	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C85.80	OTH TYPES OF NON-HODGKIN LYMPHOMA USP SITE	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C85.80	OTH TYPES OF NON-HODGKIN LYMPHOMA USP SITE	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C85.80	OTH TYPES OF NON-HODGKIN LYMPHOMA USP SITE	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	85305	CLOTTING INHIBITORS PROTEIN S TOTAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	85610	PROTHROMBIN TIME	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	85306	CLOTTING INHIBITORS PROTEIN S FREE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.3	OTHER DISEASES OF VOCAL CORDS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5255	Hearing aid, digit, mon, itc	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7324	Orthovisc inj per dose	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34718	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	G0152	Hhcx-serv of ot,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	G0151	Hhcx-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	K0800	Pov group 1 std up to 300lbs	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63051	LAMOPLASTY CERVICAL DCMRPN CORD 2/> SEG RCNSTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO THRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Administrative Approval
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z39.2	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	E1399	Durable medical equipment mi	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	E0637	Combination sit to stand sys	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R15.9	FULL INCONTINENCE OF FECES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.34	OTHER INTVRT DISC DEGENERATION THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	

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ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C31.9	MALIGNANT NEOPLASM OF ACCESSORY SINUS USP	61500	CRANIECTOMY W/EXCISION TUMOR/ LESION SKULL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C31.9	MALIGNANT NEOPLASM OF ACCESSORY SINUS USP	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	Met Medical Necessity Criteria
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	A9607	Lutetium lu 177 vipivotide	Approved	Met Medical Necessity Criteria
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	79101	RP THERAPY INTRAVENOUS ADMINIS- TRATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT RE- PLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.498A	MECH COMPL OF INT ORTH DEV IM- PLNT AND GRAFTS INI	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49000	EXPLORATORY LAPAROTOMY CELIOTO- MY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria

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BAAA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58953	BSO W/OMENECTOMY TAH&RAD DEBULKING DISSECTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI-NAL GASTRECTOMY	Approved	Meets Primary Coverage Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.804	OTHER EPILEPSY INTRACTABLE WITH-OUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE-RIAL GRAFT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	M22.11	RECURRENT SUBLUXATION OF PATELLA, RIGHT KNEE	27448	OSTEOTOMY FEMUR SHAFT/SUPRACON-DYLAR W/O FIXATION	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	E85.9	AMYLOIDOSIS, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N35.813	OTHER MEMBRANOUS URETHRAL STRICTURE, MALE	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	G56.11	OTHER LESIONS OF MEDIAN NERVE, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z48.00	ECTR FOR CHANGE OR RMVL OF NON-SURG WND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K22.4	DYSKINESIA OF ESOPHAGUS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.311	MALIG NEOPLM OF LOW-INNER Q OF RIGHT FEM BREAST	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	J9063	Inj, elahere, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	S72.90XK	UNSP FX UNSP FEMUR SUBS FOR CLOS FX W NONUNION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D46.1	REFRACTORY ANEMIA WITH RING SID-EROBLASTS	J0896	Inj luspatercept-aamt 0.25mg	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	B9002	Enter nutr inf pump any type	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R48.8	OTHER SYMBOLIC DYSFUNCTIONS	92609	THER SP-GENRATJ DEV PRGRMG&MOD-IFICAJ	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	R48.8	OTHER SYMBOLIC DYSFUNCTIONS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M95.4	ACQUIRED DEFORMITY OF CHEST AND RIB	32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	Approved	Administrative Approval
EXCHNG	Inpatient	M95.4	ACQUIRED DEFORMITY OF CHEST AND RIB	32100	THORACOTOMY WITH EXPLORATION	Approved	Administrative Approval
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q07.9	CONGENITAL MALFORM OF NERVOUS SYSTEM UNSPECIFIED	B4155	Ef incomplete/modular	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q07.9	CONGENITAL MALFORM OF NERVOUS SYSTEM UNSPECIFIED	B4161	Ef ped hydrolyzed/amino acid	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q07.9	CONGENITAL MALFORM OF NERVOUS SYSTEM UNSPECIFIED	B4034	Enter feed supkit syr by day	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50240	NEPHRECTOMY PARTIAL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	K57.30	DVRTCLOS OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.0	TRACHEOSTOMY STATUS	95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R57.1	HYPOVOLEMIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.511	LEFT SIDED COLITIS WITH RECTAL BLEEDING	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.511	LEFT SIDED COLITIS WITH RECTAL BLEEDING	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.01	ENCNTR FOR SUPV OF NORMAL FIRST PREG FIRST TRI	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E16.1	OTHER HYPOGLYCEMIA	J3490	Drugs unclassified injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E16.1	OTHER HYPOGLYCEMIA	J8499	Oral prescrip drug non chemo	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Inpatient	M86.072	AC HEMATOGENOUS OSTEOMYELIT LEFT ANKLE AND FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	N49.3	FOURNIER GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STE-NOSIS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	S83.411A	SPRAIN OF MED COLLAT LIGAMENT OF RIGHT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	L3000	Ft insert ucb berkeley shell	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C65.1	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	38589	UNLISTED LAPAROSCOPY PX LYMPHAT-IC SYSTEM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C65.1	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFOR-MITIES OF HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	P2P Approved
BAAA	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	P2P Approved
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M71.129	OTHER INFECTIVE BURSITIS, UNSPECIFIED ELBOW	23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M71.129	OTHER INFECTIVE BURSITIS, UNSPECIFIED ELBOW	24105	EXCISION OLECRANON BURSA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R25.9	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	35081	DIR RPR ANEURYSM ABDOMINAL AORTA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9260	Inj methotrexate sodium 50mg	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33427	VLVP MITRAL VALVE W/BYPASS RAD RCN-STJ W/WO RING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33475	REPLACEMENT PULMONARY VALVE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33464	VALVULOPLASTY TRICUSPID VALVE W/ RING INSERTION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33465	REPLACEMENT TRICUSPID VALVE W/ CARD BYPASS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K08.89	OTHER DIS OF TEETH AND SUPPORTING STRUCTURES	31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K08.89	OTHER DIS OF TEETH AND SUPPORTING STRUCTURES	10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K08.89	OTHER DIS OF TEETH AND SUPPORTING STRUCTURES	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.69	STIFFNESS OF OTHER SPECIFIED JOINT, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5140	Behind ear binaural hearing ai	Denied	Did Not Meet Medical Necessity Criteria

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ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.20	VESTIBULAR NEURONITIS, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95805	MLT SLEEP LATENCY/MAINT OF WAKE-FULNESS TSTG	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48150	PNCRECT PROX STOT W/PANCREATOJEJUNOSTOMY	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	R84.0	AB LEVEL OF ENZYMES IN SPECMN FROM RESP ORG/THRX	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R84.0	AB LEVEL OF ENZYMES IN SPECMN FROM RESP ORG/THRX	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R84.0	AB LEVEL OF ENZYMES IN SPECMN FROM RESP ORG/THRX	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIG- MOID JUNCTION	44208	LAPS COLECTMY PRTL W/COLOPXTST- MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.A31	MIX CND/SNRL HEAR LS,UNI,R EAR W RSTR HEAR CNTRA	V5181	Hearing aid monaural bte	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.A31	MIX CND/SNRL HEAR LS,UNI,R EAR W RSTR HEAR CNTRA	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D373	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J9041	Injection, bortezomib, 0.1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D70.9	NEUTROPENIA, UNSPECIFIED	Q5110	Nivestym	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	K03.6	DEPOSITS [ACCRETIONS] ON TEETH	41899	UNLISTED PROCEDURE DENTOALVEO- LAR STRUCTURES	Partially Denied	
SKAI_BLUE	Outpatient	K03.6	DEPOSITS [ACCRETIONS] ON TEETH	170	ANESTHESIA INTRAORAL PX WITH BIOPSY NOS	Partially Denied	
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Partially Denied	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Partially Denied	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	23470	ARTHROPLASTY GLENOHUMRL JT HEMI-ARTHROPLASTY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5122	Inj, nyvepria	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N20.0	CALCULUS OF KIDNEY	52356	CYSTO/URETERO W/LITHOTRIPSY &IN-DWELL STENT INSRT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Administrative Approval
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.30XD	DISRUPTION OF WOUND USP SUBSEQUENT ENCOUNTER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H43.393	OTHER VITREOUS OPACITIES, BILATERAL	J2777	Inj, faricimab-svoa, 0.1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S82.102A	UNSP FX UPPER END OF LEFT TIBIA INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	T84.019A	BROKEN INTERNAL JOINT PROSTHESIS UNSP SITE INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M67.979	UNSP DIS OF SYNOVIUM AND TND UNSP ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S82.891D	OTH FX R LOW LEG SUBS FOR CLOS FX W ROUTN HEAL	27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	47600	CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	48140	PNCRTECT DSTL STOT W/O PNCRTCOJELUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	27096	INJECT SI JOINT ARTHRGPRHY&/ANES/ STEROID W/IMA	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S82.301K	USP FX LO END OF R TIB SB FOR CLOS FX W NONUNION	27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
HA	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.652	PAIN IN LEFT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CESAREAN DEL	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S92.111D	DISP FX OF NK OF R TALUS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	K0800	Pov group 1 std up to 300lbs	Approved	Met Medical Necessity Criteria
HA	Inpatient	K62.3	RECTAL PROLAPSE	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	Approved	Met Medical Necessity Criteria
HA	Inpatient	K62.3	RECTAL PROLAPSE	44141	COLECTOMY PRTL W/SKIN LEVEL CE-COST/COLOSTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	K62.3	RECTAL PROLAPSE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S63.659A	SPRAIN OF MTCARPHLNGJL JT OF USP FINGER INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Administrative Approval
EXCHNG	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	49000	EXPLORATORY LAPAROTOMY CELIOTO-MY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K56.2	VOLVULUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K56.2	VOLVULUS	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria

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ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C23	MALIGNANT NEOPLASM OF GALLBLADDER	J9317	Sacituzumab govitecan-hziy	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C23	NUCLEAR MEDICINE, HEART, PET IMAG	J9317	Sacituzumab govitecan-hziy	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	T81.43XA	INFCT FOL PROCEDURE, ORG/SPACE SRG SITE, INIT	20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	T81.43XA	INFCT FOL PROCEDURE, ORG/SPACE SRG SITE, INIT	11008	RMVL PROSTC MATRL/MESH ABDL WALL FOR INFECTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	F32.A	DEPRESSION, UNSPECIFIED	S9480	Intensive outpatient psychia	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I77.0	ARTERIOVENOUS FISTULA, ACQUIRED	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	J0175	Inj, donanemab-azbt, 2 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	S9338	Hit immunotherapy diem	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J1552	Inj, alyglo, 500 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8686	Implt nrostm pls gen sng non	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20937	AUTOGRAFT SPINE SURGERY MORSE-LIZED SEP INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	11970	REPLACEMENT TISSUE EXPANDER W/ PERMANENT IMPLANT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C74.91	MALIG NEOP OF UNSP PART OF RIGHT ADRENAL GLAND	J2820	Sargramostim injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	31627	BRONCHOSCOPY W/CPTR-ASST IM-AGE-GUIDED NAVIGATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	C7509	Dx bronch w/ navigation	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	Z80.3	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.0	CEREBRAL CYSTS	62192	CRTJ SHUNT SARACH/SDRLPRTL-PLEURAL OTH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M86.171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I70.202	UNSP ATHSCL NATIVE ARTERIES OF EXTREM LEFT LEG	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0589	Inj daxibotulinumtoxina-lanm	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	Denied	Administrative: Not a Covered Benefit
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	21452	PERCUTANEOUS TX MANDIBULAR FX W/ EXTERNAL FIXJ	Denied	Administrative: Not a Covered Benefit
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Denied	Administrative: Not a Covered Benefit
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	31536	LARYNGOSCOPY W/BIOPSY MICRO-SCOPE/TELESCOPE	Denied	Administrative: Not a Covered Benefit
ASEPSE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
HA	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22830	EXPLORATION SPINAL FUSION	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	E83.52	HYPERCALCEMIA	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	E83.52	HYPERCALCEMIA	G0151	Hhcc-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M86.172	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVICE]	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VER-TEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Partially Denied	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S92.324D	NONDISP FX OF 2ND METATARSAL BONE, R FT, 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HY-DROCEPHALUS	62223	CRTJ SHUNT VENTRICULO-PERIT-NEAL-PLEURAL TERMINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0174	Inj, lecanemab-irmb, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	T78.49XA	OTHER ALLERGY, INITIAL ENCOUNTER	J2357	Omalizumab injection	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K60.30	ANAL FISTULA, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	G0152	Hhcp-serv of ot,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	A9513	Lutetium lu 177 dotatat ther	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	J9381	Inj teplizumab mzwv 5 mcg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	Approved	Administrative Approval
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Approved	Administrative Approval
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	Approved	Administrative Approval
ABCBS	Inpatient	R22.41	LOC SWELLING MASS AND LUMP RIGHT LOWER LIMB	35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	Approved	Administrative Approval
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S96.912D	STRAIN UNSP MS/TN AT ANK/FT LEVEL LEFT FOOT SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4155	Ef incomplete/modular	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4149	Ef blenderized foods	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M80.08XA	AGE-REL OSTEOPOR W CURRENT PATH FX VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	29876	ARTHROSCOPY KNEE SURG SYNOVECTOMY MAJ 2/>CMPRT	Approved	Administrative Approval
ASEPSE	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	Administrative Approval
MEDICAREADV	Outpatient	M80.00XA	AGE-REL OSTEOPOR W CRNT PATH FX UNSP SITE INIT	22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M80.00XA	AGE-REL OSTEOPOR W CRNT PATH FX UNSP SITE INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.0	SYRINGOMYELIA AND SYRINGOBULBIA	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J3055	Inj talquetamab-tgvs 0.25 mg	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	R39.15	URGENCY OF URINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39401	MEDIASTINOSCOPY INCLUDES MEDIAS-TINAL MASS BIOPSY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32999	UNLISTED PROCEDURE LUNGS & PLEURA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M06.372	RHEUMATOID NODULE, LEFT ANKLE AND FOOT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M06.372	RHEUMATOID NODULE, LEFT ANKLE AND FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Partially Denied	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	Approved	Administrative Approval
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Administrative Approval
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Administrative Approval
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Administrative Approval
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Administrative Approval
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44141	COLECTOMY PRTL W/SKIN LEVEL CE-COST/COLOSTOMY	Approved	Administrative Approval
MEDICAREADV	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	E66.09	OTHER OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	E66.09	OTHER OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R32	UNSPECIFIED URINARY INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23470	ARTHROPLASTY GLENOHUMRL JT HEMI-ARTHROPLASTY	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N83.511	TORSION OF RIGHT OVARY AND OVARIAN PEDICLE	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Administrative Approval
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Administrative Approval
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Administrative Approval
ASEPSE	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	P2P Exception

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	E04.1	NONTOXIC SINGLE THYROID NODULE	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M13.80	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S63.659A	SPRAIN OF MTCARPHLNGJL JT OF USP FINGER INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S63.659A	SPRAIN OF MTCARPHLNGJL JT OF USP FINGER INI	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5116	Inj., trazimera, 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5117	Inj., kanjinti, 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOS-TOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPSTY W/O MESH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONEC-TOMY 1 LOBE LOBECT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SIN-GL E LOBE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & RE-GIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDI-NAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95805	MLT SLEEP LATENCY/MAINT OF WAKE-FULNESS TSTG	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	E0143	Walker folding wheeled w/o s	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.8	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4088	Gastro/jejuno tube, low-pro	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4034	Enter feed supkit syr by day	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4149	Ef blenderized foods	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.645	PAIN IN LEFT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	A5056	1 pc ost pouch w filter	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E10.621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E10.621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER	G0300	Hhs/hospice of lpn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Inpatient	F12.20	CANNABIS DEPENDENCE, UNCOMPLICATED	H0018	Alcohol and/or drug services	Approved	Administrative Approval
ASEPSE	Outpatient	S46.011A	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61512	CRNECTREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	Administrative Approval
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.642	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	M08.80	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M84.362S	STRESS FRACTURE, LEFT TIBIA, SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62165	NUNDSC ICRA EXC PITUITRY TUM TRN-SNSL/SPHENOID	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.40	DVTRCLI OF BOTH SM&LG INT W PERF&ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K57.40	DVTRCLI OF BOTH SM&LG INT W PERF&ABSCS W/O BLEED	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	Administrative Approval
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F90.2	ATN-DEFICIT HYPERACT DISORDER COMBINED TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.331D	DISPL OBLIQUE FX SHAFT OF HUMER, R ARM, 7THD	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	G47.10	HYPERMOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	G47.10	HYPERMOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.431D	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	J9381	Inj teplizumab mzwv 5 mcg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C44.329	SQUAMOUS CELL CA OF SKIN OF OTHER PARTS OF FACE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	T88.8XXA	OTH COMP OF SURGICAL AND MEDICAL CARE NEC INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	D37.4	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
HA	Inpatient	H20.9	UNSPECIFIED IRIDOCYCLITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T18.9XXD	FB OF ALIMENTARY TRACT PART UNSP SUBS ENCNTR	49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M95.0	ACQUIRED DEFORMITY OF NOSE	14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M95.0	ACQUIRED DEFORMITY OF NOSE	15781	DERMABRASION SEGMENTAL FACE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I82.422	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN	37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I82.422	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN	37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	F51.8	OT SLEEP DISORD NOT D/T A SUB OR KN PHYSIOL COND	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF-FICIENCY	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF-FICIENCY	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.8	OTHER SLEEP DISORDERS	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.8	OTHER SLEEP DISORDERS	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE-RIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.662	STIFFNESS OF LEFT KNEE, NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.00	SEGMENTAL AND SOMATIC DYSFUNCTION OF HEAD REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K65.1	PERITONEAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.2X6	SPINAL INSTABILITIES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T81.9XXA	UNSPECIFIED COMPL OF PROCEDURE INITIAL ENCOUNTER	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0596	Injection, ruconest	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J35.8	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J35.8	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.2	FISTULA OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
HA	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	R07.9	CHEST PAIN, UNSPECIFIED	75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
FEP	Outpatient	Z82.41	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	Z82.41	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	Z82.41	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	Z82.41	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	G98.8	OTHER DISORDERS OF NERVOUS SYSTEM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R279	UNSPECIFIED LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Outpatient	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	S9129	Occupational therapy, in the	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPSTY W/O MESH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	64595	REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L30.4	ERYTHEMA INTERTRIGO	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L30.4	ERYTHEMA INTERTRIGO	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R52	PAIN, UNSPECIFIED	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.309A	UNSP FX UNSP METACARPAL BONE INIT FOR CLOS FX	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.309A	UNSP FX UNSP METACARPAL BONE INIT FOR CLOS FX	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.812	OBESITY, CLASS 2	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50240	NEPHRECTOMY PARTIAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E0978	W/c acc,saf belt pelv strap	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E0971	Wheelchair anti-tipping devi	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E0961	Wheelchair brake extension	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E2607	Skin pro/pos wc cus wd <22in	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	K0037	Hi mount flip-up footrest ea	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E2213	Pneumatic prop tire insert	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	K0005	Ultralightweight wheelchair	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E0973	W/ch access det adj armrest	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89352	THAWING CRYOPRESERVED EMBRYO	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58974	EMBRYO TRANSFER INTRAUTERINE	Partially Denied	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q21.12	PATENT FORAMEN OVALE	93580	PRQ TCAT CLSR CGEN INTRATRL COMU-NICAJ W/IMPLT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61534	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRAPHY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.643	PAIN IN UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M86.18	OTHER ACUTE OSTEOMYELITIS, OTHER SITE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F90.1	ATTN-DEFCT HYPERACT DIS PREDOM HYPERACTIVE TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z34.01	ENCNTR FOR SUPV OF NORMAL FIRST PREG FIRST TRI	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	62223	CRTJ SHUNT VENTRICULO-PERITONEAL-PLEURAL TERMINUS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.001A	UNSP INJ OF MUS FSC AND TENDON OF RIGHT HIP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	O60.14X0	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI UNSP	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2919	Inj, methylpred sod succ 5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	Denied	Did Not Meet Medical Necessity Criteria

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MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.322	CHR VENOUS HYPERTENSION W INF OF L LOW EXTREM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67900	REPAIR BROW PTOSIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.59	OTHER LOW BACK PAIN	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.59	OTHER LOW BACK PAIN	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K20.0	EOSINOPHILIC ESOPHAGITIS	B4160	Ef ped caloric dense>/=0.7kc	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Medical Benefit Drug	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	J9223	Inj. lurbinectedin, 0.1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
FEP	Inpatient	F48.9	NONPSYCHOTIC MENTAL DISORDER, UNSPECIFIED	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S83.231A	CMPLX TEAR OF MEDIAL MENS CRNT INJ R KNEE INIT	H2001	Rehabilitation program 1/2 d	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	Q5110	Nivestym	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G03.9	MENINGITIS, UNSPECIFIED	61154	BURR HOLE W/EVAC&DRG HEMATOMA EXTRADURAL/SDRL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M45.7	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	J1745	Infliximab not biosimil 10mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
FEP	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H72.02	CENTRAL PERF OF TYMPANIC MEMBRANE LEFT EAR	69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H72.02	CENTRAL PERF OF TYMPANIC MEMBRANE LEFT EAR	21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M35.7	HYPERMOBILITY SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.004A	UNSPECIFIED DLOC OF RIGHT SHOULDER JOINT INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S43.004A	UNSPECIFIED DLOC OF RIGHT SHOULDER JOINT INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Outpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	K0606	Aed garment w elec analysis	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S42.022D	DSP FX OF SHAFT OF L CLAVIC SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.011D	STRAIN MUSCLE FSC AND TENDON OF RIGHT HIP SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	S9129	Occupational therapy, in the	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F81.81	DISORDER OF WRITTEN EXPRESSION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H34.8320	TRIB RTNL VEIN OCLUSN LEFT EYE W MACULAR EDEMA	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K56.7	ILEUS, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	63030	LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9071	Inj cyclophosphamd auromedic	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K50.018	CROHN DISEASE OF SMALL INT WITH OTHER COMPL	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	Meets Primary Coverage Criteria
SKAI_BLUE	Inpatient	K50.018	CROHN DISEASE OF SMALL INT WITH OTHER COMPL	49000	EXPLORATORY LAPAROTOMY CELIOTO-MY W/WO BIOPSY SPX	Approved	Meets Primary Coverage Criteria
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRE-NAL GLAND	49187	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5.1-10 CM	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICA-TIONS OF SKIN, SUBCU	13160	SECONDARY CLOSURE SURG WOUND/ DEHSN EXTSV/COMPLIC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICA-TIONS OF SKIN, SUBCU	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	L02.419	CUTANEOUS ABSCESS OF LIMB, UNSPECIFIED	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Inpatient	T84.012D	BROKEN INTERNAL RIGHT KNEE PROSTH SB ENCOUNTER	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.231D	CMPLX TEAR OF MEDIAL MENS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	P2P Reconsideration
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	60240	THYROIDECTOMY TOTAL/COMPLETE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.030A	MECH LOOSENING OF INT RIGHT HIP PROS JOINT INIT	20704	MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.030A	MECH LOOSENING OF INT RIGHT HIP PROS JOINT INIT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.030A	MECH LOOSENING OF INT RIGHT HIP PROS JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.2X6	SPINAL INSTABILITIES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	E86.0	DEHYDRATION	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	E86.0	DEHYDRATION	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	E86.0	DEHYDRATION	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	E86.0	DEHYDRATION	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9185	Fludarabine phosphate inj	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
HA	Outpatient	S52.531A	COLLES FRACTURE OF RIGHT RADIUS INIT FOR CLOS FX	73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M84.421D	PTH FRACTURE R HUMERUS SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	0483T	TMVI W/PROSTHETIC VALVE PERCUTANEOUS APPROACH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
ASEPSE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ABCBS	Inpatient	K11.8	OTHER DISEASES OF SALIVARY GLANDS	42420	EXC PRD TUM/PRTD GLND TOT DS-J&PRSRV FACIAL NR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	K11.8	OTHER DISEASES OF SALIVARY GLANDS	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q05.2	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.7	FIBROMYALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	62223	CRTJ SHUNT VENTRICULO-PERITONEAL-PLEURAL TERMINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N48.6	INDURATION PENIS PLASTICA	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRTVJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.645	PAIN IN LEFT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M50.323	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	22856	TOTAL DISC ARTHRP ANT SINGLE INTER-SPACE CERVICAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M50.323	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.91	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.35	FOLICLAR LYMPH GRADE IIIA NODES OF ING RG&LO LMB	J9034	Inj., bendeka 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.35	FOLICLAR LYMPH GRADE IIIA NODES OF ING RG&LO LMB	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.542	PAIN IN JOINTS OF LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.004D	USP DLOC OF RIGHT SHOULDER JOINT SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S99.921A	USP INJURY OF RIGHT FOOT INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMTNT XTRNL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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

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

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

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BAAA	Inpatient	Q22.1	CONGENITAL PULMONARY VALVE STENOSIS	33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
HA	Inpatient	S72.22XA	DISPLACED SUBTROCHNT FRACTURE OF LEFT FEMUR INIT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I67.2	CEREBRAL ATHEROSCLEROSIS	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	I61.5	NTRM INTRACEREBRAL HEMORRHAGE INTRAVENTRICULAR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S52.122A	DISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R11.15	CYCLICAL VOMITING SYNDROME UNRELATED TO MIGRAINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	T85.9XXA	UNSP COMPL OF INTERNAL PROSTH DEV/GRFT INIT	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	T85.9XXA	UNSP COMPL OF INTERNAL PROSTH DEV/GRFT INIT	20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D61.818	OTHER PANCYTOPENIA	J9100	Cytarabine hcl 100 mg inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria

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

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
HA	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CESAREAN DEL	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Partially Denied	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
BAAA	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	R32	UNSPECIFIED URINARY INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	Q79.3	GASTROSCHISIS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K86.1	OTHER CHRONIC PANCREATITIS	0586T	OPEN ISLET CELL TRANSPLANT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K86.1	OTHER CHRONIC PANCREATITIS	48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	A41.81	SEPSIS DUE TO ENTEROCOCCUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.89	OTHER DORSALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Administrative Approval
MEDICAREADV	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H34.8310	TRIB RTNL VEIN OCLUSN RIGHT EYE W MACULAR EDEMA	J9035	Bevacizumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H34.8310	TRIB RTNL VEIN OCLUSN RIGHT EYE W MACULAR EDEMA	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABILITIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	L02.91	CUTANEOUS ABSCESS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	N64.52	NIPPLE DISCHARGE	19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	N64.52	NIPPLE DISCHARGE	76998	ULTRASONIC GUIDANCE INTRAOPER-ATIVE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI-NAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	47562	LAPAROSCOPY SURG CHOLECYSTEC-TOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	R57.0	CARDIOGENIC SHOCK	99499	UNLISTED EVALUATION AND MANAGE-MENT SERVICE	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DU-PUYTREN]	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S13.4XXD	SPRAIN OF LIGAMENTS OF CERVICAL SPINE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.323	CHRONIC VENOUS HTN W INF OF BILATERAL LOW EXTRM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	41130	GLOSSECTOMY HEMIGLOSSECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
HA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval
HA	Medical Benefit Drug	G30.0	ALZHEIMER'S DISEASE WITH EARLY ONSET	J0175	Inj, donanemab-azbt, 2 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C25.8	MALIG NEOPLASM OF OVERLAPPING SITES OF PANCREAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	96401	CHEMOTX ADMN SUBQ/IM NON-HOR-MONAL ANTI-NEO	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2351	Inj ocrelizumab 1mg hya-ocsq	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPSTY W/O MESH	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.817	ENCNTR FOR SRG AFTCR FOL SURG ON THE SKIN SUBCU	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z34.83	ECTR FOR SUPRVSN OF NORMAL PRG THIRD TRIMESTER	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S01.81XA	LACERATION W/O FB OF OTH PART OF HEAD INIT	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.219	ULCERATIVE PROCTITIS WITH UNSP COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES-TINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.401A	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Administrative Approval
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Partially Denied	
ASEPSE	Outpatient	M67.911	USP DIS OF SYNOVIUM AND TENDON RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36470	INJECTION SCLEROSANT SINGLE INC-MPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q68.0	CONG DEFORMITY OF STERNOCLEIDO-MASTOID MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36625	ARTL CATHJ/CANNULJ MNTR/TRANSFU-SION SPX CUTDOWN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	37236	OPEN/PERQ PLACEMENT INTRAVASCU-LAR STENT INITIAL	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
BAAA	Inpatient	T84.012D	BROKEN INTERNAL RIGHT KNEE PROSTH SB ENCOUNTER	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI-TIS, RIGHT KNEE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI-TIS, RIGHT KNEE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R20.9	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.10	MANTLE CELL LYMPHOMA, UNSPECI-FIED SITE	Q2054	Lisocabtagene mara car pos t	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Inpatient	I72.8	ANEURYSM OF OTHER SPECIFIED ARTERIES	35506	BYPASS W/VEIN CAROTID-SUBCLV/SUB-CLAVIAN CAROTID	Approved	Administrative Approval
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95805	MLT SLEEP LATENCY/MAINT OF WAKE-FULNESS TSTG	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.8	OTHER DYSTONIA	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T14.8XXD	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBS	97026	APPLICATION MODALITY 1/> AREAS INFRARED	Partially Denied	
ASEPSE	Outpatient	T14.8XXD	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	T14.8XXD	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	H34.8310	TRIB RTNL VEIN OCLUSN RIGHT EYE W MACULAR EDEMA	J9035	Bevacizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I70.202	UNSP ATHSCL NATIVE ARTERIES OF EXTREM LEFT LEG	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22855	REMOVAL ANTERIOR INSTRUMENTA-TION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.90	UNSPECIFIED OSTEOARTHRITIS, UN-SPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3230	EXUDATIVE AGE-REL MCLR DEGN BILAT- ERAL STAGE UNSP	J2777	Inj, faricimab-svoa, 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95829	ELECTROCORTICOGRAM SURGERY SPX	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81270	JAK2 GENE ANALYSIS PVAL617PHE VARIANT	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	G0452	Molecular pathology interpr	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81279	JAK2 TARGETED SEQUENCE ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81219	CALR GENE ANALYSIS COMMON VARI- ANTS IN EXON 9	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81338	MPL GENE ANALYSIS COMMON VARI- ANTS	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	52287	CYSTOURETHROSCOPY INJ CHEMO- DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	52000	CYSTOURETHROSCOPY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M66.871	SPN RUP OF OTHER TENDONS RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M1A.4190	OTHER SEC CHRONIC GOUT UNSP SHLD WITHOUT TOPHUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0586	AbobotulinumtoxinA	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	64616	CHEMOTENNERATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R15.1	FECAL SMEARING	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R15.1	FECAL SMEARING	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C16.8	MALIG NEOPLASM OF OVERLAPPING SITES OF STOMACH	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	31536	LARYNGOSCOPY W/BIOPSY MICRO-SCOPE/TELESCOPE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R53.1	WEAKNESS	G0283	Elec stim other than wound	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S86.011D	STRAIN OF RIGHT ACHILLES TENDON SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z15.01	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASIA OF BREAST	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNT	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection, onabotulinumtoxin A	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z15.89	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	Approved	Met Medical Necessity Criteria

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BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.341	TRIGGER FINGER, RIGHT RING FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VER-TEBRAL SEGMENTS	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative Approval
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT RE-PLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT RE-PLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q21.23	COMPLETE ATRIOVENTRICULAR SEPTAL DEFECT	33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	45395	LAPS PROCTECTOMY ABDOMINOPERI-NEAL W/COLOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJU-NOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	Q25.29	OTHER ATRESIA OF AORTA	33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q25.29	OTHER ATRESIA OF AORTA	33475	REPLACEMENT PULMONARY VALVE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q25.29	OTHER ATRESIA OF AORTA	33465	REPLACEMENT TRICUSPID VALVE W/ CARD BYPASS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	49000	EXPLORATORY LAPAROTOMY CELIOTO-MY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N32.89	OTHER SPECIFIED DISORDERS OF BLADDER	51550	CYSTECTOMY PARTIAL SIMPLE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N32.89	OTHER SPECIFIED DISORDERS OF BLADDER	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N32.89	OTHER SPECIFIED DISORDERS OF BLADDER	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	A04.71	ENTEROCOLITIS D/T CLOS DIFFICILE RECURRENT	J1440	Fecal microbiota jsln 1 ml	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	I77.6	ARTERITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N04.21	PRIMARY MEMBRANOUS NEPHROPATHY W NEPHROTIC SYND	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K83.8	OTHER SPECIFIED DISEASES OF BILIARY TRACT	43830	GASTROSTOMY OPEN W/O CONSTJ GASTRIC TUBE SPX	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K83.8	OTHER SPECIFIED DISEASES OF BILIARY TRACT	47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K83.8	OTHER SPECIFIED DISEASES OF BILIARY TRACT	43840	GASTRORRHAPHY SUTR PRF8 DUOL/ GSTR ULCER WND/INJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K83.8	OTHER SPECIFIED DISEASES OF BILIARY TRACT	47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	G0283	Elec stim other than wound	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	S9338	Hit immunotherapy diem	Approved	Met Medical Necessity Criteria

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EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	J1569	Gammagard liquid injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	G6002	Stereoscopic x-ray guidance	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INTW OTH COMPL	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria

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

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHO-RAC LYMPH NODES	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.014	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S63.619D	USP SPRAIN OF USP FINGER SUBS ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.0	DRUG-INDUCED SYSTEMIC LUPUS ERY-THEMATOSUS	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.89	OTHER FEMALE GENITAL PROLAPSE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	P2P Reconsideration
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	P2P Reconsideration
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Approved	P2P Reconsideration
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N11.1	CHRONIC OBSTRUCTIVE PYELONEPHRITIS	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L98.7	EXCESSIVE & REDUNDANT SKIN & SUBCUTANEOUS TISSUE	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Denied	Did Not Meet Medical Necessity Criteria

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

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5114	Inj ogivri 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria

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

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	G0283	Elec stim other than wound	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97033	APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C60.9	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44211	LAPS COLCT TTL ABD W/PRCTECT ILEO-ANAL ANASTOMSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ ILEOST/ILEOPXTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.8X2	OTHER DISORDERS OF PATELLA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.10	MYALGIA, UNSPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J30.9	ALLERGIC RHINITIS, UNSPECIFIED	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	C40.22	MALIG NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	J9209	Mesna injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C40.22	MALIG NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C40.22	MALIG NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C40.22	MALIG NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CA-ROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CA-ROTID ARTERIES	36222	SLCTV CATH CAROTID/INNOV ART ANGIO XTRCRANL ART	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CA-ROTID ARTERIES	36223	SLCTV CATH CAROTID/INNOV ART ANGIO INTRCRANL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
HA	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
HA	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J9306	Injection, pertuzumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5116	Inj., trazimera, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5006	Hospice in hospice facility	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.03	ENCOUNTER FOR CHANGE OR REMOV-AL OF DRAINS	S9123	Nursing care in home rn	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22843	POSTERIOR SEGMENTAL INSTRUMENTA-TION 7-12 VRT SEG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.901	MIGRAINE UNSP NOT INTRACT WITH STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Partially Denied	
OCTAVE	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0256	Alpha 1 proteinase inhibitor	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRI-TIS, RIGHT KNEE	J7318	Inj, durolane 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	J7324	Orthovisc inj per dose	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M47.27	OTHER SPONDYLS WITH RADICULOPA-THY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I74.5	EMBOLISM AND THROMBOSIS OF ILIAC ARTERY	37220	REVASCULARIZATION ILIAC ARTERY ANGIOPLASTY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I74.5	EMBOLISM AND THROMBOSIS OF ILIAC ARTERY	35661	BPG OTH/THN VEIN FEMORAL-FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPAROSCOPIC RESTRICTIVE LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1 NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSTRUMENTED INTERVERTEBRAL DISC SPACE W/ARTHRD	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22634	ARTHRODESIS COMBINED TO 1 NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELEZED	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44204	LAPAROSCOPIC COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUTIC ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	Q5118	Inj., zoladex, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOSIS LUMBAR REGION W/ NEUROGENIC CLAUDICATION	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOSIS LUMBAR REGION W/ NEUROGENIC CLAUDICATION	22853	INSTRUMENTED INTERVERTEBRAL DISC SPACE W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOSIS LUMBAR REGION W/ NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOSIS LUMBAR REGION W/ NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOSIS LUMBAR REGION W/ NEUROGENIC CLAUDICATION	22558	ARTHRODESIS ANTERIOR INTERBODY MIN DISC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	R079	CHEST PAIN, UNSPECIFIED	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Outpatient	C56.2	MALIGNANT NEOPLASM OF LEFT OVARY	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15274	APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	55180	SCROTOPLASTY COMPLICATED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNTN	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36223	SLCTV CATH CAROTID/INNOV ART ANGIO INTRCRANL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	F33.2	MAJOR DEPRESSV DIS RECUR SEVERE W/O PSYCH FEAT	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	F33.2	MAJOR DEPRESSV DIS RECUR SEVERE W/O PSYCH FEAT	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	F33.2	MAJOR DEPRESSV DIS RECUR SEVERE W/O PSYCH FEAT	90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.421	MYOGENIC PTOSIS OF RIGHT EYELID	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.219	ULCERATIVE PROCTITIS WITH UNSP COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	H02.421	MYOGENIC PTOSIS OF RIGHT EYELID	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.002D	UNSPECIFIED SUBLUX OF LEFT PATELLA SUBS ENCNTR	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	S83.002D	UNSPECIFIED SUBLUX OF LEFT PATELLA SUBS ENCNTR	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.002D	UNSPECIFIED SUBLUX OF LEFT PATELLA SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S73.035A	OTHER ANTERIOR DLOC OF LEFT HIP INITIAL ECTR	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.312	TRIGGER THUMB, LEFT THUMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.11	RIGHT UPPER QUADRANT PAIN	11045	DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.11	RIGHT UPPER QUADRANT PAIN	49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.11	RIGHT UPPER QUADRANT PAIN	44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J3490	Drugs unclassified injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D33.1	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	D33.1	BENIGN NEOPLASM OF BRAIN, INFRA-TENTORIAL	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D33.1	BENIGN NEOPLASM OF BRAIN, INFRA-TENTORIAL	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D33.1	BENIGN NEOPLASM OF BRAIN, INFRA-TENTORIAL	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0586	AbobotulinumtoxinA	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J0185	Inj., aprepitant, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J9317	Sacituzumab govitecan-hziy	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULIN-EMIA	J1459	Inj ivig privigen 500 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.432D	SUPER GLENOID LABRUM LESION OF L SHLD SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.20	ULCERATIVE PROCTITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G93.5	COMPRESSION OF BRAIN	61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M91.0	JUVENILE OSTEOCHONDROSIS OF PELVIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M91.0	JUVENILE OSTEOCHONDROSIS OF PELVIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21079	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21081	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTH	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21080	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTH	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21215	GRAFT BONE MANDIBLE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	41830	ALVEOLECTOMY W/CURTG OSTEITIS/ SEQUESTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	K76.7	HEPATORENAL SYNDROME	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J9260	Inj methotrexate sodium 50mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N20.1	CALCULUS OF URETER	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48150	PNCRTECT PROX STOT W/PANCREATOJE- JUNOSTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51590	CSTC COMPL W/URTROILEAL CONDUIT/ BLDR W/INT ANAST	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S29.011A	STR MUS AND TENDON OF FRONT WALL OF THORAX INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	39401	MEDIASTINOSCOPY INCLUDES MEDIAS-TINAL MASS BIOPSY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUS-CULOSKELETAL SYS	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	E87.0	HYPEROSMOLALITY AND HYPERNATRE-MIA	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.6	RECTOCELE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRI-TIS, RIGHT KNEE	J7328	Gelsyn-3 injection 0.1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33464	VALVULOPLASTY TRICUSPID VALVE W/ RING INSERTION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33475	REPLACEMENT PULMONARY VALVE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	92523	EVAL SPEECH SOUND PRODUCT LAN-GUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.621	PAIN IN RIGHT UPPER ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0257	Glassia injection	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z12.31	ENCNTR SCREEN MAMMOGRAM FOR MALIG NEOP OF BREAST	77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	Z12.31	ENCNTR SCREEN MAMMOGRAM FOR MALIG NEOP OF BREAST	77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q05.7	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Q05.7	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S91.011A	LACERATION WITHOUT FB RIGHT ANKLE INIT ENCNTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORO-NARY VENOUS GRAFTS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33523	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 6 VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I86.1	SCROTAL VARICES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9208	Ifosfamide injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	K0606	Aed garment w elec analysis	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C43.22	MALIG MELANOMA OF LEFT EAR AND EXT AURIC CANAL	Q5001	Hospice or home hlth in home	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C43.22	MALIG MELANOMA OF LEFT EAR AND EXT AURIC CANAL	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67900	REPAIR BROW PTOSIS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	27466	OSTEOPLASTY FEMUR LENGTHENING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	27305	FASCIOTOMY ILIOTIBIAL OPEN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G62.9	POLYNEUROPATHY, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	J82.83	EOSINOPHILIC ASTHMA	J2182	Injection, mepolizumab, 1mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	S83.195D	OTHER DLOC OF LEFT KNEE SUBSEQUENT ENCOUNTER	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	S83.195D	OTHER DLOC OF LEFT KNEE SUBSEQUENT ENCOUNTER	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97039	UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	Partially Denied	
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z48.817	ENCNTR FOR SRG AFTCR FOL SURG ON THE SKIN SUBCU	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	L72.0	EPIDERMAL CYST	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	L72.0	EPIDERMAL CYST	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J9317	Sacituzumab govitecan-hziy	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.71	PERONEAL TENDINITIS, RIGHT LEG	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J0185	Inj., aprepitant, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J1448	Injection, trilaciclib, 1mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J9022	Inj, atezolizumab, 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77470	SPECIAL TREATMENT PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58555	HYSTEROGRAPHY DIAGNOSTIC SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76830	US TRANSVAGINAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58340	CATH & SALINE/CONTRAST SONOHYS-TER/HYSTEOSALPI	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	82670	ASSAY OF TOTAL ESTRADIOL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83002	GONADOTROPIN LUTEINIZING HORMONE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	74740	HYSTEOSALPINGOGRAPHY RS&I	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84144	ASSAY OF PROGESTERONE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M10.09	IDIOPATHIC GOUT, MULTIPLE SITES	J2507	Pegloticase injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R47.1	DYSARTHRIA AND ANARTHRIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	J39.8	OTHER SPECIFIED DISEASES OF UPPER RESP TRACT	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J39.8	OTHER SPECIFIED DISEASES OF UPPER RESP TRACT	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.891	OTH ENTHESOPATHIES OF R LOW LIMB EXCLUDING FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	R57.0	CARDIOGENIC SHOCK	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E80.20	UNSPECIFIED PORPHYRIA	J0223	Inj givosiran 0.5 mg	Partially Denied	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	52000	CYSTOURETHROSCOPY	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.814	ECT FOR SRG AFTCR FOL SRG ON TEETH OR ORAL CAV	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G81.11	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.249A	OTH TEAR OF MED MENISCUS CRNT INJ UNSP KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	52000	CYSTOURETHROSCOPY	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58953	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	R29.810	FACIAL WEAKNESS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S63.592A	OTHER SPECIFIED SPRAIN OF LEFT WRIST INIT ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61737	LITT LES ICR MLT TRAJECTORIES MLT/ CPLX LESIONS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z46.6	ECTR FOR FITTING AND ADJUST OF URINARY DEVICE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
HA	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J1190	Dexrazoxane hcl injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9190	Fluorouracil injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9060	Cisplatin 10 mg injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32999	UNLISTED PROCEDURE LUNGS & PLEURA	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49188	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 10.1-20 CM	Approved	Administrative Approval
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G81.90	HEMIPLEGIA USP AFFECTING USP SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	K02.9	DENTAL CARIES, UNSPECIFIED	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Partially Denied	

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HA	Outpatient	K02.9	DENTAL CARIES, UNSPECIFIED	170	ANESTHESIA INTRAORAL PX WITH BIOPSY NOS	Partially Denied	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R52	PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Inpatient	D35.02	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.13	RECURRENT HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N20.9	URINARY CALCULUS, UNSPECIFIED	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.025D	NDSP FX OF SHAFT OF L CLAVIC SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLAS- SIFIED	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	G0340	Robt lin-radsurg fractx 2-5	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	G0339	Robot lin-radsurg com, first	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI- TIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	Q5157	Inj, denosumab-bmwo, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KID- NEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KID- NEY AND URETER	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M06.1	ADULT-ONSET STILL'S DISEASE	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	64488	TAP BLOCK BILATERAL BY INJECTION(S)	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77336	CONTINUING MEDICAL PHYSICS CONSULT PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	G6002	Stereoscopic x-ray guidance	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51590	CSTC COMPL W/URTROILEAL CONDUIT/ BLDR W/INT ANAST	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	55866	LAPS SURG PRST8ECT RPBIC RAD W/ NERVE SPARING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7323	Euflexxa inj per dose	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81243	FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81460	WHOLE MITOCHONDRIAL GENOME	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81329	SMN1 GENE ANALYSIS DOSAGE/DELET Alys W/SMN2 Alys	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81425	GENOME SEQUENCE ANALYSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.51	UNILATERAL POST-TRAUMATIC OSTEOARTH RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.311	MEMORY DEFICIT FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.11	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	95992	CANALITH REPOSITIONING PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M99.31	OSSEOUS STENOSIS OF NEURAL CANAL OF CERV REGION	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	Approved	Meets Primary Coverage Criteria
BAAA	Inpatient	M99.31	OSSEOUS STENOSIS OF NEURAL CANAL OF CERV REGION	22856	TOTAL DISC ARTHRP ANT SINGLE INTER-SPACE CERVICAL	Approved	Meets Primary Coverage Criteria
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Administrative Approval
MEDICAREADV	Outpatient	H02.045	SPASTIC ENTROPION OF LEFT LOWER EYELID	67917	REPAIR ECTROPION EXTENSIVE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	H02.045	SPASTIC ENTROPION OF LEFT LOWER EYELID	67924	REPAIR ENTROPION EXTENSIVE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.019	ULCERATIVE PANCOLITIS WITH UNSP COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C7B.8	OTHER SECONDARY NEUROENDOCRINE TUMORS	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.22	BICIPITAL TENDINITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	O02.1	MISSED ABORTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99499	UNLISTED EVALUATION AND MANAGE- MENT SERVICE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEU- MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
SKAI_BLUE	Inpatient	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	48150	PNCRTECT PROX STOT W/PANCREATOJE- JUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S14.106A	UNSP INJURY AT C6 LEVEL OF CERV SPINAL CORD INIT	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	S14.106A	UNSP INJURY AT C6 LEVEL OF CERV SPINAL CORD INIT	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	S14.106A	UNSP INJURY AT C6 LEVEL OF CERV SPINAL CORD INIT	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J1454	Inj fosnetupitant, palonoset	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J9267	Paclitaxel injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	E04.2	NONTOXIC MULTINODULAR GOITER	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	P92.8	OTHER FEEDING PROBLEMS OF NEWBORN	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.001D	UNSPECIFIED SUBLUX OF RIGHT PATEL-LA SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.001D	UNSPECIFIED SUBLUX OF RIGHT PATEL-LA SUBS ENCNTR	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.209	LOC-REL SYM EPI W CM PR SEIZ,X NTRCT,W/O STA EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	D59.39	OTHER HEMOLYTIC-UREMIC SYNDROME	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S06.0X0D	CONCUSSION WITHOUT LOSS OF CONS SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H34.8120	CENTRAL RETINAL VEIN OCLUSN LEFT EYE W MACU EDMA	J2778	Ranibizumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.00	TP 2 DBT W HYPROSM W/O NONKET HYPRGLY-HYPROS COM	8627007801	DEXCOM G7 RECEIVER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M66.242	SPN RUPTURE OF EXTENSOR TENDONS LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	S9991	Services provided as part of	Partially Denied	
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	J21.8	AC BRONCHIOLITIS D/T OTHER SPECIFIED ORGANISMS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMEN NONC SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z84.89	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	Administrative Approval

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ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	63047	LAM FACECTECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Administrative Approval
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	N50.89	OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS	54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	N50.89	OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R278	OTHER LACK OF COORDINATION	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R278	OTHER LACK OF COORDINATION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R278	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R278	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50546	LAPAROSCOPY NEPHRECTOMY W/ PARTIAL URETERECT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval
HA	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37228	REVSC OPN/PRQ TIB/PERO W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37224	REVSC OPN/PRG FEM/POP W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9227	Inj. isatuximab-irfc 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9047	Injection, carfilzomib, 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3113	NEXDTEV AGE MCLR DEGN R EYE ADV ATRPC W/O SBFVL	J2782	Inj avacincaptad pegol 0.1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Administrative Approval
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTA-TION 3-6 VRT SEG	Approved	Administrative Approval
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Administrative Approval
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	S2900	Robotic surgical system	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	T84.038A	MECH LOOSENING OF OTH INTERNAL PROSTH JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	T84.038A	MECH LOOSENING OF OTH INTERNAL PROSTH JOINT INIT	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.409A	SPRAIN OF UNSP LIGAMENT OF USP ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.811	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	L03.311	CELLULITIS OF ABDOMINAL WALL	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R10.13	EPIGASTRIC PAIN	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Administrative Approval
BAAA	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.323	CHRONIC VENOUS HTN W INF OF BILATERAL LOW EXTRM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R30.0	DYSURIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5157	Inj, denosumab-bmwo, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35656	BPG OTH/THN VEIN FEMORAL-POPLITEAL	Approved	Administrative Approval
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5 CM OR LESS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
HA	Inpatient	O69.0XX3	L&D COMPLICATED BY PROLAPSE OF CORD FETUS 3	59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	Approved	Administrative Approval
MEDICAREADV	Inpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61863	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61864	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M40.04	POSTURAL KYPHOSIS, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0589	Inj daxisbotulinumtoxina-lanm	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	W11.XXXA	FALL ON AND FROM LADDER, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	Approved	Administrative Approval
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32650	THORACOSCOPY W/PLEURODESIS	Approved	Administrative Approval
HA	Medical Benefit Drug	M34.82	SYSTEMIC SCLEROSIS WITH MYOPATHY	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97026	APPLICATION MODALITY 1/> AREAS INFRARED	Partially Denied	
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N85.02	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N85.02	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	58262	VAG HYST 250 GM/< W/RMVL TUBE&/ OVARY	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J0185	Inj., aprepitant, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J9223	Inj. lurbinctedin, 0.1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Partially Denied	
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z98.84	BARIATRIC SURGERY STATUS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z98.84	BARIATRIC SURGERY STATUS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S33.4XXD	TRAUMATIC RUPTURE OF SYMPHYSIS PUBIS SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	45340	SIGMOIDOSCOPY FLXTNDSC BALO DILAT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G43.E19	CHRNK MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G43.E19	CHRNK MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M43.00	SPONDYLOLYSIS, SITE UNSPECIFIED	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G51.8	OTHER DISORDERS OF FACIAL NERVE	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G51.8	OTHER DISORDERS OF FACIAL NERVE	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G51.8	OTHER DISORDERS OF FACIAL NERVE	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G51.8	OTHER DISORDERS OF FACIAL NERVE	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R10.A0	FLANK PAIN, UNSPECIFIED SIDE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7318	Inj, durolane 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	H57.813	BROW PTOSIS, BILATERAL	67900	REPAIR BROW PTOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1 INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S52.122A	DISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5255	Hearing aid, digit, mon, itc	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	R29.818	OTHER SYMP AND SIGNS INVOLVING THE NERVOUS SYS	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	M53.87	OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	S3900	Surface emg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M47.9	SPONDYLOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.14	RADICULOPATHY, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H81.13	BENIGN PAROXYSMAL VERTIGO, BILATERAL	92542	POSITIONAL NYSTAGMUS TEST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.13	BENIGN PAROXYSMAL VERTIGO, BILATERAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G89.4	CHRONIC PAIN SYNDROME	J3490	Drugs unclassified injection	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G89.4	CHRONIC PAIN SYNDROME	S9328	Hit pain imp pump diem	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63030	LAMINOTOMY DCMRPN NRV ROOT 1 NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB-SCCESS W/O BLEED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VER-TEBRAL SEGMENTS	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILAT-ERAL	V5010	Assessment for hearing aid	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILAT-ERAL	V5110	Hearing aid dispensing fee	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILAT-ERAL	V5020	Conformity evaluation	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILAT-ERAL	V5261	Hearing aid, digit, bin, bte	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT IN-TRACT W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.2X6	SPINAL INSTABILITIES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	

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ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.2	CONDUCTIVE HEARING LOSS, UNSPECIFIED	V5020	Conformity evaluation	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.2	CONDUCTIVE HEARING LOSS, UNSPECIFIED	V5110	Hearing aid dispensing fee	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.2	CONDUCTIVE HEARING LOSS, UNSPECIFIED	V5010	Assessment for hearing aid	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.2	CONDUCTIVE HEARING LOSS, UNSPECIFIED	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.03	ENCOUNTER FOR CHANGE OR REMOVAL OF DRAINS	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Administrative Approval
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.60	ACHILLES TENDINITIS, UNSPECIFIED LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M76.60	ACHILLES TENDINITIS, UNSPECIFIED LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.60	ACHILLES TENDINITIS, UNSPECIFIED LEG	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.89	OTHER FEMALE GENITAL PROLAPSE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S72.001K	FX USP PRT OF NK OF R FEMUR SB FOR CLS FX W NUN	27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	Approved	Administrative Approval
SKAI_BLUE	Inpatient	S72.001K	FX USP PRT OF NK OF R FEMUR SB FOR CLS FX W NUN	20680	REMOVAL IMPLANT DEEP	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q278	OTH CONG MALFORM OF PERIPHERAL VASCULAR SYSTEM	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F90.2	ATN-DEFICIT HYPERACT DISORDER COMBINED TYPE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z95.1	PRESENCE OF AORTOCORONARY BYPASS GRAFT	93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z95.1	PRESENCE OF AORTOCORONARY BYPASS GRAFT	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G93.41	METABOLIC ENCEPHALOPATHY	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Administrative Approval
ASEPSE	Inpatient	M16.52	UNILATERAL POST-TRAUMATIC OSTEOARTH LEFT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	21615	EXCISION 1ST &/CERVICAL RIB	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	64713	NEURP MAJOR PRPH NRV OPN ARM/ LEG BRACH PLEXUS	Approved	Administrative Approval
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	Approved	Administrative Approval
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	23405	TENOTOMY SHOULDER AREA 1 TENDON	Approved	Administrative Approval
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	35701	EXPLORATION N/FLWD SURG NECK ARTERY	Approved	Administrative Approval
ASEPSE	Outpatient	M84.421D	PTH FRACTURE R HUMERUS SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9185	Fludarabine phosphate inj	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	Q2056	Ciltacabtagene car-pos t	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	I77.6	ARTERITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2267	Inj, mirikizumab-mrkz, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M53.2X8	SPINAL INSTABILITIES SACRAL & SACRO-COCCYGEAL RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7030	Cpap full face mask	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7032	Replacement nasal cushion	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7031	Replacement facemask interfa	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7033	Replacement nasal pillows	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A4604	Tubing with heating element	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7038	Pos airway pressure filter	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7036	Pos airway press chinstrap	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7037	Pos airway pressure tubing	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7046	Repl water chamber, pap dev	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7034	Nasal application device	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7035	Pos airway press headgear	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	Q5001	Hospice or home hlth in home	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
BAAA	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.602	PAIN IN LEFT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R40.0	SOMNOLENCE	20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	Approved	Met Medical Necessity Criteria
HA	Inpatient	R40.0	SOMNOLENCE	44603	ENTERORRHAPHY MULTIPLE PERFORATIONS	Approved	Met Medical Necessity Criteria
HA	Inpatient	R40.0	SOMNOLENCE	39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M25.451	EFFUSION, RIGHT HIP	27030	ARTHROTOMY HIP W/DRAINAGE	Approved	Administrative Approval
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G71.00	MUSCULAR DYSTROPHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSACR INTVRT DIS DIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSACR INTVRT DIS DIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M25.552	PAIN IN LEFT HIP	27132	CONV PREV HIP TOT HIP ARTHRP WWO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S44.22XA	INJ OF RADIAL NRV AT UPPER ARM LEV LEFT ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L89.322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/ BONE GRAFTS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	21196	RCNSTJ MNDBLR RAMI&BDY SGTL SPLT W/INT RGD FI	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C25.2	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	Q5108	Injection, fulphila	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria

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HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	J35.3	HYPERTROPHY OF TONSILS W HYPER-TROPHY OF ADENOIDS	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	Approved	Administrative Approval
ASEPSE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43287	ESOPHAGECTOMY DISTAL 2/3 W/LAPA-ROSCOPIC MOBLJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K63.2	FISTULA OF INTESTINE	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R13.19	OTHER DYSPHAGIA	22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R13.19	OTHER DYSPHAGIA	22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I82.0	BUDD-CHIARI SYNDROME	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K63.2	FISTULA OF INTESTINE	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N81.11	CYSTOCELE, MIDLINE	57425	LAPAROSCOPY COLPOPEXY SUSPEN-SION VAGINAL APEX	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	N81.11	CYSTOCELE, MIDLINE	57250	POST COLPORRHAPHY RECTOCELE W/ WO PERINEORRHAPHY	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	N81.11	CYSTOCELE, MIDLINE	57288	SLING OPERATION STRESS INCONTINENCE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Partially Denied	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8686	Implt nrostm pls gen sng sng non	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J3358	Ustekinumab, iv inject, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF ING RGN & LOW LMB	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49617	RPR AA HERNIA RECR > 10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	64421	INJECTION AA&STRD INTERCOSTAL NRV EA ADDL LVL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY WWO BIOPSY SPX	Approved	Met Medical Necessity Criteria
HA	Inpatient	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	

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ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Administrative: Not a Covered Benefit

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G57.00	LESION OF SCIATIC NERVE, UNSPECIFIED LOWER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G57.00	LESION OF SCIATIC NERVE, UNSPECIFIED LOWER LIMB	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	T84.498A	MECH COMPL OF INT ORTH DEV IMPLNT AND GRAFTS INI	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0881	Darbepoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.612	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49618	RPR AA HERNIA RECR > 10 CM NCRC8/STRANGULATED	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.014D	ANTERIOR DLOC OF RIGHT HUMERUS SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	J1569	Gammagard liquid injection	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Q5123	Inj. riabni, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.8	OTHER SLEEP DISORDERS	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	E10.21	TYPE 1 DIAB MEL WITH DIABETIC NEPHROPATHY	A9278	External receiver, cgm sys	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	E10.21	TYPE 1 DIAB MEL WITH DIABETIC NEPHROPATHY	A9276	Disposable sensor, cgm sys	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R48.2	APRAXIA	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R48.2	APRAXIA	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R48.2	APRAXIA	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q27.8	OTH CONG MALFORM OF PERIPHERAL VASCULAR SYSTEM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32674	THOROSCOPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Administrative Approval
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Administrative Approval
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	21196	RCNSTJ MNDBLR RAMI&BDY SGT L SPLT W/INT RGD FI	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	21143	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G37.3	ACTRANS MYELITIS IN DEMYELINATING DIS OF CNSL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3311	TYPE 2 DIAB W MOD NONP RTNOP W MACU EDEMA R EYE	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/ SPHEN TISS RMVL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	52000	CYSTOURETHROSCOPY	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E83.52	HYPERCALCEMIA	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K50.918	CROHN DISEASE UNSPECIFIED WITH OTHER COMPL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.00	ECTR FOR CHANGE OR RMVL OF NON-SURG WND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q99.9	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	T84.9XXA	UNSP COMP OF INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
HA	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Administrative Approval
OCTAVE	Inpatient	R63.8	OTH SYMP & SIGNS CONCERNING FOOD & FLUID INTAKE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
OCTAVE	Inpatient	R63.8	OTH SYMP & SIGNS CONCERNING FOOD & FLUID INTAKE	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Administrative Approval
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria
HA	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	A4239	Non-adju cgm supply allow	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection, onabotulinumtoxinA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q39.8	OTHER CONGENITAL MALFORMATIONS OF ESOPHAGUS	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	N83.209	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.421	MYOGENIC PTOSIS OF RIGHT EYELID	67908	RPR BLPOS CONJUNCTIVO-TAR-SO-MUSC-LEVATOR RESCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C22.0	LIVER CELL CARCINOMA	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXIL-LARY NODE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S52.531A	COLLES FRACTURE OF RIGHT RADIUS INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M24.549	CONTRACTURE, UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5001	Hospice or home hlth in home	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
HA	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S72.21XK	DSP SBTROCH FX R FEMUR SB FOR CLOS FX W NONUNION	27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUB-TRCHNTRIC AREA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S52.90XA	UNSP FRACTURE OF UNSP FOREARM, INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M41.116	JUVENILE IDIOPATHIC SCOLIOSIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M41.116	JUVENILE IDIOPATHIC SCOLIOSIS, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C83.35	DIFFUS LG B-CL LYMPH NODES OF ING RGN & LOW LMB	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C83.35	DIFFUS LG B-CL LYMPH NODES OF ING RGN & LOW LMB	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C83.35	DIFFUS LG B-CL LYMPH NODES OF ING RGN & LOW LMB	G6015	Radiation tx delivery imrt	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	64568	OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	Approved	Administrative Approval
EXCHNG	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42145	PALATOPHARYNGOPLASTY	Approved	Administrative Approval
MEDICAREADV	Outpatient	I83.811	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E2611	Gen use back cush wdth <22in	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E0973	W/ch access det adj armrest	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	K0003	Lightweight wheelchair	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E2601	Gen w/c cushion wdth < 22 in	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E0971	Wheelchair anti-tipping devi	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E0961	Wheelchair brake extension	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5671	Bk/ak locking mechanism	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8440	Shrinker below knee	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5620	Test socket below knee	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8470	Pros sock single ply bk	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5910	Endo below knee alignable sy	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5629	Below knee acrylic socket	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5700	Replace socket below knee	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5645	Bk flex inner socket ext fra	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5637	Below knee total contact	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8420	Prosthetic sock multi ply bk	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5940	Endo bk ultra-light material	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5673	Socket insert w lock mech	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T85.618D	BREAKDOWN OF INTERNAL PROSTH DEV/GRFT SUBS	62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.9	SPONDYLOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2311	Electro connect btw 2 sys	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	K0861	Pwc gp3 std mult pow opt s/b	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2298	Pwr seat elev sys for crt	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2622	Adj skin pro w/c cus wd<22in	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2313	Pwc harness, expand control	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1007	Pwr seat combo w/shear	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1033	Wheelchair hardware headrest	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1032	Wheelchair joystick drive	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2377	Expandable controller, initl	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2620	Wc planar back cush wd <22in	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2361	22nf sealed leadacid battery	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E0955	Cushioned headrest	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1012	Ctr mount pwr elev leg rest	Partially Denied	
ASEPSE	Outpatient	G56.91	UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	J9355	Inj trastuzumab excl biosimi	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S93.622A	SPRAIN OF TARSMETATARSAL LIGAMENT OF L FT INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M26.633	ART DISC DISORDER OF BI TEMPORO-MANDIBULAR JOINT	29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92508	TX SPEECH LANG VOICE COMMJ&/AUD PROC DO GROUP	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S82.92XD	UNSP FX L LOW LEG SUBS FOR CLOS FX W ROUNH HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Outpatient	Z48.811	ENCNTR FOR SRG AFTCR FOL SURG ON THE NERVOUS SYS	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z48.811	ENCNTR FOR SRG AFTCR FOL SURG ON THE NERVOUS SYS	G0153	Hhcp-svs of s/l path,ea 15mn	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z48.811	ENCNTR FOR SRG AFTCR FOL SURG ON THE NERVOUS SYS	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J9022	Inj, atezolizumab,10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDI-AL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D89.89	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Q5119	Inj ruxience, 10 mg	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPEC-IFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	G0283	Elec stim other than wound	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S29.011A	STR MUS AND TENDON OF FRONT WALL OF THORAX INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z95.1	PRESENCE OF AORTOCORONARY BYPASS GRAFT	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1602	Golimumab for iv use 1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	T84.092D	MECH COMPL OF INT RIGHT KNEE PROSTH SUBS ENCNTR	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	T81.328A	DISRUPT/DEHISC CLOSURE OT INT OP (SURG) WND INIT	21627	STERNAL DEBRIDEMENT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Administrative Approval
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Administrative: Not a Covered Benefit
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8686	Implt nrostm pls gen sng non	Partially Denied	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Partially Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R22.2	LOCALIZED SWELLING, MASS AND LUMP,TRUNK	32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.642	PAIN IN LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Investigational
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Investigational
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.1	APHONIA	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.6	PAIN IN THORACIC SPINE	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	M54.6	PAIN IN THORACIC SPINE	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	S22.080D	WDG COMPRSN FX T11-T12 VERT SB FOR FX ROUT HEAL	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	S22.080D	WDG COMPRSN FX T11-T12 VERT SB FOR FX ROUT HEAL	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ASEPSE	Outpatient	S22.080D	WDG COMPRSN FXT11-T12 VERT SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S22.080D	WDG COMPRSN FXT11-T12 VERT SB FOR FX ROUT HEAL	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
BAAA	Inpatient	D48.19	OTH NEOPLASM UNCERTAIN BEHAVIOR CONN/SOFT TISS	27880	AMPUTATION LEG THROUGH TIBIA&FIB-ULA	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R06.09	OTHER FORMS OF DYSPNEA	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.412A	SPRAIN OF MED COLLAT LIGAMENT OF LEFT KNEE INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.412A	SPRAIN OF MED COLLAT LIGAMENT OF LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9260	Inj methotrexate sodium 50mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.511	SUPRVSN OF ELDERLY PRIMIGRAVIDA FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M12.812	OTH SPECIFIC ARTHROPATHIES, NEC, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S93.06XA	DLOC OF USP ANKLE JOINT INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DIS-COG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z98.84	BARIATRIC SURGERY STATUS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	D64.3	OTHER SIDEROBLASTIC ANEMIAS	J0896	Inj luspatercept-aamt 0.25mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.022D	DSP FX OF SHAFT OF L CLAVIC SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	S83.272D	CMPLEX TEAR OF LAT MENSC CRNT INJ LEFT KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.817	ENCNTR FOR SRG AFTCR FOL SURG ON THE SKIN SUBCU	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S99.922D	USP INJURY OF LEFT FOOT SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S99.922D	USP INJURY OF LEFT FOOT SUBSEQUENT ENCOUNTER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.321	OT MENISCUS DRGM POST HORN OF MED MENISCUS R KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	15120	SPLIT AGRF F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria

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FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITH-OUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.542	ACQUIRED CLUBFOOT, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
HA	Inpatient	E28.2	POLYCYSTIC OVARIAN SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C18.0	MALIGNANT NEOPLASM OF CECUM	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K56.1	INTUSSUSCEPTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42145	PALATOPHARYNGOPLASTY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/ BI SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T82.858A	STENOSIS OF OTHER VASCULAR PROSTH DEV/GRFT, INIT	35656	BPG OTH/THN VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T82.858A	STENOSIS OF OTHER VASCULAR PROSTH DEV/GRFT, INIT	35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNECTREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4161	Ef ped hydrolyzed/amino acid	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4035	Enteral feed supp pump per d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/ SPHEN TISS RMVL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	61782	STRCTC CPT ASSTD PX EXTRADURAL CRANIAL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	S32.434A	NONDISP FX OF ANT COLUMN OF RIGHT ACETAB INIT	27254	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	S32.434A	NONDISP FX OF ANT COLUMN OF RIGHT ACETAB INIT	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Partially Denied	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Partially Denied	

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ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Partially Denied	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Partially Denied	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Partially Denied	
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW-BORN, UNSPECIFIED	E0776	Iv pole	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW-BORN, UNSPECIFIED	B4035	Enteral feed supp pump per d	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW-BORN, UNSPECIFIED	B9002	Enter nutr inf pump any type	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW-BORN, UNSPECIFIED	B4149	Ef blenderized foods	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW-BORN, UNSPECIFIED	B4088	Gastro/jejuno tube, low-pro	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	33945	HEART TRANSPLANT WWO RECIPIENT CARDIECTOMY	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D69.0	ALLERGIC PURPURA	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S72.302D	USP FX SHAFT OF L FEMUR SB FOR CLS FX ROUT HEAL	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	A4239	Non-adju cgm supply allow	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S39.022A	LAC MUSCLE FASCIA AND TENDON OF LOWER BACK INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.101A	FX UNSP CARPAL BONE RIGHT WRIST INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ARSTATEPOLICE	Outpatient	R47.01	APHASIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	D89.813	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	J9038	Inj axatilimab-csfr 0.1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF & CLSR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	S82.151A	DISP FX OF RIGHT TIB TUBEROSITY INIT FOR CLOS FX	27540	OPEN TX INTERCONDYLAR SPINE/ TUBRST FRACTURE KNEE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97530	THERAPEUTIC ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
OCTAVE	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
HA	Inpatient	R93.2	AB FIND ON DX IMAGING OF LIVER AND BILIARY TRACT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M24.852	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.918	CROHN DISEASE UNSPECIFIED WITH OTHER COMPL	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I42.0	DILATED CARDIOMYOPATHY	K0606	Aed garment w elec analysis	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M93.959	OSTEOCHONDROPATHY UNSPECIFIED UNSPECIFIED THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9118	Inj. calaspargase pegol-mknl	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M89.8X1	OTHER SPECIFIED DISORDERS OF BONE, SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I27.24	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S32.401A	UNSP FRACTURE RIGHT ACETABULUM INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S32.401A	UNSP FRACTURE RIGHT ACETABULUM INIT FOR CLOS FX	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	43611	EXC LOCAL MALIGNANT TUMOR STOMACH	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R41.9	UNSP SYMP&SIGNS W COGNITIVE FUNCTIONS&AWARENESS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	S9542	Ht inj noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	Approved	Administrative Approval
ASEPSE	Outpatient	G90.A	POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME [POTS]	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.402A	SPRAIN OF USP LIGAMENT OF LEFT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S64.02XA	INJ OF ULNAR NRV AT WRS/HND LV OF LEFT ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J2777	Inj, faricimab-svoa, 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51992	LAPAROSCOPY SLING OPERATION STRESS INCONT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51800	CSTOPLASTY/CSTOURTP PLSTC ANY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	G81.91	HEMIPLEGIA USP AFFECTING RIGHT DOMINANT SIDE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N94.2	VAGINISMUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S83.203D	OTH TEAR OF UNSP MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9333	Inj ronanzolixizum-noli 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M50.022	CERVICAL DISC DISORDER@C5-C6 LEV-EL W MYELOPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NE-PHRECTOMY	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Denied	Administrative: Insufficient Information
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q39.1	ATRESIA OF ESOPH WITH TRA-CHEO-ESOPHAGEAL FISTULA	B4088	Gastro/jejuno tube, low-pro	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33256	ABLATION & RCNSTJ ATRIA EXTNSV W/ BYPASS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	G0452	Molecular pathology interpr	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	81279	JAK2 TARGETED SEQUENCE ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	81338	MPL GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35646	BPG OTH/THN VEIN AORTOBIFEMORAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C76.0	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C76.0	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C76.0	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23470	ARTHROPLASTY GLENOHUMRL JT HEMI-ARTHROPLASTY	Denied	Administrative: Insufficient Information
SKAI_BLUE	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Denied	Administrative: Insufficient Information
SKAI_BLUE	Medical Benefit Drug	C90.10	PLASMA CELL LEUKEMIA NOT HAVING ACHIEVED REMIS	J2802	Inj, romiplostim 1 microgram	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.899	OTH ENTHESOPATHIES OF USP LOW LIMB EXCLUDING FT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z90.11	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	19380	REVISION OF RECONSTRUCTED BREAST	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G20.B2	PARKINSONS DISEASE W DYSKINESIA, W FLUCTUATIONS	61868	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD EA ARRAY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.69	STIFFNESS OF OTHER SPECIFIED JOINT, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	O42.90	PREM ROM 7TH0 BETW RUPT&ONST LABR USP WK OF GEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9312	Inj., rituximab, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G81.12	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K46.0	UNSP ABDOMINAL HERNIA WITH OBST WITHOUT GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/ STRANGULATED	Approved	Administrative Approval
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.020A	WEDGE COMPRSN FX SECOND LUMBAR VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Q5118	Inj., zirabev, 10 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9333	Inj rozanolixizum-noli 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G81.12	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G62.89	OTHER SPECIFIED POLYNEUROPATHIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	Q5114	Inj ogivri 10 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.371	FOOT DROP, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	58150	TOTAL ABDOMINAL HYSTERECT W/VO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Inpatient	K57.30	DVRTCLOS OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Administrative Approval
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	G93.0	CEREBRAL CYSTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Inpatient	K35.32	AC APPENDICITIS PERF LOC PERITON/ GANGR W/O ABSCS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXILARY NODE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	21600	EXCISION RIB PARTIAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	64488	TAP BLOCK BILATERAL BY INJECTION(S)	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45110	PRCTECT COMPL CMBN ABDOMINO-PRNL W/CLST	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	O47.00	FLS LAB BEF 37 COMPLETED WEEKS OF GEST UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R82.0	CHYLURIA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M06.812	OTHER SPECIFIED RHEU ARTHRITIS LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.10	HYPERSONNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSONNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	L8680	Implt neurostim elctr each	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VER-TEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M67.912	USP DIS OF SYNOVIUM AND TENDON LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K22.4	DYSKINESIA OF ESOPHAGUS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSPAREUNIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3112	NEXDTVE AGE-REL MCLR DEGN R EYE INTERMED DRY STG	J2782	Inj avacincaptad pegol 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7326	Gel-one	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3411	TYPE 2 DIAB W SEV NONP RTNOP W MACU EDEMA R EYE	Q5147	Inj, aflibercept-ayyh, 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	E2103	Non-adju cgm receiver/mon	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	A4239	Non-adju cgm supply allow	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9380	Inj teclistamab cqyv 0.5 mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	Z72.51	HIGH RISK HETEROSEXUAL BEHAVIOR	J0739	Hiv prep, inj, cabotegravir	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z3A.40	40 WEEKS GESTATION OF PREGNANCY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UN-SPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	13160	SECONDARY CLOSURE SURG WOUND/ DEHSN EXTSV/COMPLIC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	27880	AMPUTATION LEG THROUGH TIBIA&FIB-ULA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.009A	UNSP FX UNSP LUMBAR VERTEBRA INIT FOR CLOS FX	22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
OCTAVE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	S2900	Robotic surgical system	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.861	OTHER SPECIFIED JOINT DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.032D	DSP FX OF LAT END L CLAVIC SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R93.5	ABN FIND ON DX IMAGING OF ABD RG INC RETPERTNM	44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	Approved	Administrative Approval
EXCHNG	Inpatient	R93.5	ABN FIND ON DX IMAGING OF ABD RG INC RETPERTNM	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	Administrative Approval
EXCHNG	Inpatient	R93.5	ABN FIND ON DX IMAGING OF ABD RG INC RETPERTNM	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Administrative Approval
EXCHNG	Inpatient	R93.5	ABN FIND ON DX IMAGING OF ABD RG INC RETPERTNM	44661	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	Approved	Administrative Approval
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q20.1	DOUBLE OUTLET RIGHT VENTRICLE	33697	COMPLETE REPAIR TOF W/PULMONARY ATRESIA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7326	Gel-one	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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EXCHNG	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	49592	RPR AA HERNIA 1ST < 3 CM NCRC8/ STRANGULATED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	49594	RPR AA HERNIA 1ST 3-10 CM NCRC8/ STRANGULATED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L89.224	PRESSURE ULCER OF LEFT HIP, STAGE 4	E2402	Neg press wound therapy pump	Partially Denied	
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51800	CSTOPLASTY/CSTOURTP PLSTC ANY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	57288	SLING OPERATION STRESS INCONTINENCE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	97597	DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49187	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5.1-10 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	77605	HYPERTHERMIA EXTERNALLY GENERATED DEEP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49010	EXPL RETROPERITONEUM W/WO BX SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I83.10	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INF	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.371	FOOT DROP, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.5	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	C71.5	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	C71.5	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Partially Denied	
ASEPSE	Outpatient	S32.311D	DSP AVULS FX R ILIUM SUBS FOR FX W ROUN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.812	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N18.6	END STAGE RENAL DISEASE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	F45.8	OTHER SOMATOFORM DISORDERS	J0585	Injection, onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	F45.8	OTHER SOMATOFORM DISORDERS	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2267	Inj, mirikizumab-mrkz, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50544	LAPAROSCOPY SURG PYELOPLASTY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J2919	Inj, methylpred sod succ 5mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1720	Hydrocortisone sodium succ i	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J7050	Normal saline solution infus	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1885	Ketorolac tromethamine inj	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1642	Inj heparin sodium per 10 u	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	A4216	Sterile water/saline, 10 ml	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0169	Inj epinephrine (adrenalin)	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria

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ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D59.19	OTHER AUTOIMMUNE HEMOLYTIC ANEMIA	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D59.19	OTHER AUTOIMMUNE HEMOLYTIC ANEMIA	J1568	Octagam injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4155	Ef incomplete/modular	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R80.0	ISOLATED PROTEINURIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ARSTATEPOLICE	Outpatient	M25.771	OSTEOPHYTE, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	M25.771	OSTEOPHYTE, RIGHT ANKLE	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.6X1	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.811	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W PAIN	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.811	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C79.9	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Q5005	Hospice, inpatient hospital	Approved	Administrative Approval
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R32	UNSPECIFIED URINARY INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIET-IC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S21.101A	USP OPN WND R FRNT WL THRX W/O PENE THOR CAV INI	21627	STERNAL DEBRIDEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	49002	REOPENING RECENT LAPAROTOMY	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	S81.802D	USP OPEN WOUND LEFT LOWER LEG SB ENCOUNTER	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	Administrative Approval
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	C25.2	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	A9513	Lutetium lu 177 dotatat ther	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C25.2	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	79101	RP THERAPY INTRAVENOUS ADMINISTRATION	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C25.2	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	36573	INSERTION PICC W/RS&I 5 YR/>	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C78.89	SEC MALIG NEOPLASM OF OTHER DIGESTIVE ORGANS	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.89	SEC MALIG NEOPLASM OF OTHER DIGESTIVE ORGANS	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.89	SEC MALIG NEOPLASM OF OTHER DIGESTIVE ORGANS	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S72.461K	DISPL SPCND FX W NTCND EXTN LOW END R FEMR 7THK	20680	REMOVAL IMPLANT DEEP	Approved	Administrative Approval
EXCHNG	Inpatient	S72.461K	DISPL SPCND FX W NTCND EXTN LOW END R FEMR 7THK	27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	Approved	Administrative Approval
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.82	OTHER SHOULDER LESIONS, LEFT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M75.82	OTHER SHOULDER LESIONS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	K43.5	PARASTOMAL HERNIA W/O OBSTRUCTION OR GANGRENE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Outpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VER- TEBRAL SEGMENTS	Approved	Administrative Approval
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN- TRACT W/O STAT MIGR	J0585	Injection, onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTA- TION 3-6 VRT SEG	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C53.0	MALIGNANT NEOPLASM OF ENDOCER- VIX	J9273	Inj tisotu vedotin-tftv, 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q67.6	PECTUS EXCAVATUM	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q67.6	PECTUS EXCAVATUM	64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES- TINE	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S76.011A	STRAIN MUSCLE FSC AND TENDON OF RIGHT HIP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M13.80	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.671	STIFFNESS OF RIGHT ANKLE NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	42842	RADICAL RESECTION TONSIL W/O CLOSURE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	42890	LIMITED PHARYNGECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K62.4	STENOSIS OF ANUS AND RECTUM	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K62.4	STENOSIS OF ANUS AND RECTUM	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S72.302D	USP FX SHAFT OF L FEMUR SB FOR CLS FX ROUT HEAL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D479	NEOP UNCRT BEHAV LYMPHOID,HEMAT-POETC&REL TIS,USP	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S62.617A	DISP FX OF PROX PHLX OF LEFT LITTLE FINGER INIT	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G72.89	OTHER SPECIFIED MYOPATHIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J35.01	CHRONIC TONSILLITIS	30802	ABLTY SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J35.01	CHRONIC TONSILLITIS	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J35.01	CHRONIC TONSILLITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J35.01	CHRONIC TONSILLITIS	42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R53.1	WEAKNESS	G4033	Skilled nursing facility ss	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.132	POST-TRAUMATIC OSTEOARTHRITIS, LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S61.432A	PUNCTURE WOUND W/O FB OF LEFT HAND INIT ENCTR	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M65.4	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.656A	NONDISP FX OF MIDDLE PHLX OF R LITTLE FING, INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.336B	DISP FX OF NK OF 5TH MC BN R HND INI FOR OPN FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	Q5136	Inj. denosumab-bbdz, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C16.0	MALIGNANT NEOPLASM OF CARDIA	J2506	Inj pegfilgrast ex bio 0.5mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J2820	Sargramostim injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.01	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	69949	UNLISTED PROCEDURE INNER EAR	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	L8614	Cochlear device	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	69930	COCHLEAR DEVICE IMPLANTATION W/ WO MASTOIDECTOMY	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5114	Inj ogivri 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	L03.114	CELLULITIS OF LEFT UPPER LIMB	11045	DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	L03.114	CELLULITIS OF LEFT UPPER LIMB	26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	81263	IGH@ VARIABLE REGION SOMATIC MU-TATION ANALYSIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	81455	SO/HEMATOLYMPHOID NEO/DO 51/>GSAP DNA/DNA&RNA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	86185	Counterimmunoelectrophoresis, each antigen	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	88264	CHRMSM ANALYZE 20-25 CELLS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	88239	TISS CUL NEO DISORDERS SOLID TUMOR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	88237	TISS CUL NEO DISORDERS BONE MAR-RROW BLOOD CELLS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I97.648	POSTP SEROMA CIRC SYS ORG FOL OTH CIRC SYS PROC	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I97.648	POSTP SEROMA CIRC SYS ORG FOL OTH CIRC SYS PROC	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z3A.24	24 WEEKS GESTATION OF PREGNANCY	81220	CFTR GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	57292	CONSTRUCTION ARTIFICIAL VAGINA W/ GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15240	FTH/GF FR W/DIR CLSR F/C/C/M/N/AX-/G/H/F 20SQCM/<	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	54125	AMPUTATION PENIS COMPLETE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	56805	CLITOROPLASTY INTERSEX STATE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15241	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX-G/H/F EA ADDL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D12.5	BENIGN NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D12.5	BENIGN NEOPLASM OF SIGMOID COLON	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D12.5	BENIGN NEOPLASM OF SIGMOID COLON	74420	UROGRAPHY RETROGRADE WITH/WO KUB	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D12.5	BENIGN NEOPLASM OF SIGMOID COLON	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M18.11	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT R HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.811	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	91035	GASTROESOPHAG REFLXTEST W/ TELEMTRY PH ELTRD	Partially Denied	
OCTAVE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	36200	INTRODUCTION CATHETER AORTA	Approved	Meets Primary Coverage Criteria
OCTAVE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	Approved	Meets Primary Coverage Criteria
OCTAVE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34848	VISCE AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	Approved	Meets Primary Coverage Criteria
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9211	Idarubicin hcl injection	Approved	Met Medical Necessity Criteria
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1308	Inj, famotidine, 0.25 mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9065	Inj cladribine per 1 mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	Met Medical Necessity Criteria
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.010G	WDG COMPRSN FX 1ST LUM VERT SB FOR FX W DLY HEAL	77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.010G	WDG COMPRSN FX 1ST LUM VERT SB FOR FX W DLY HEAL	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	E10.22	TYPE 1 DIAB MEL W DIAB CHRONIC KIDNEY DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	E10.22	TYPE 1 DIAB MEL W DIAB CHRONIC KIDNEY DISEASE	48554	TRANSPLANTATION PANCREATIC AL-LOGRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M62.82	RHABDOMYOLYSIS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Denied	Administrative: Insufficient Information
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Denied	Administrative: Insufficient Information
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Denied	Administrative: Insufficient Information
OCTAVE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34710	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	S32.010D	WDG COMPRSN FX 1ST LUM VERT SB FOR FX ROUT HEAL	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	S32.010D	WDG COMPRSN FX 1ST LUM VERT SB FOR FX ROUT HEAL	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z93.3	COLOSTOMY STATUS	44605	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z93.3	COLOSTOMY STATUS	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3511	TYPE 2 DIAB W PRLF DIAB RTNOP W MACU EDEMA R EYE	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	

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ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J2778	Ranibizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S66.123A	LAC FLX MUS/FSC/TND L MID FNGR AT WRS/HND LV INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	29580	STRAPPING UNNA BOOT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	29581	APPL MLTLAYR CMPRN SYS LEG BELW KNE W/ANKLE&FOOT	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96401	CHEMOTX ADMN SUBQ/IM NON-HOR-MONAL ANTI-NEO	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	Met Medical Necessity Criteria

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EXCHNG	Inpatient	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES-TINE	52005	CYSTO BLADDER W/URETERAL CATHE-TERIZATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES-TINE	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES-TINE	44145	COLECTOMY PRTL W/COLOPROCTOS-TOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES-TINE	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES-TINE	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUS-CULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S66.129A	LAC FLX MUS/FSC/TEND UNSP FNGR AT WRS/HND LV INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/ SBSQ SMALL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	A9607	Lutetium lu 177 vipivotide	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	79101	RP THERAPY INTRAVENOUS ADMINIS-TRATION	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	61686	INTRACRANIAL ARVEN MALFRMJ INFRA-TENTRL CMPL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria

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BAAA	Inpatient	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.8	OTHER PERVASIVE DEVELOPMENTAL DISORDERS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	Partially Denied	
BAAA	Medical Benefit Drug	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	J9029	Instill adstiladrin, tx dose	Partially Denied	
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	95726	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	R52	PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32674	THORACOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.02	MEDIAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	K74.3	PRIMARY BILIARY CIRRHOSIS	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3112	NEXDTVE AGE-REL MCLR DEGN R EYE INTERMED DRY STG	J2781	lnj, pegcetacoplan, 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R60.9	EDEMA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITH-OUT INDICATION	1961	ANESTHESIA CESAREAN DELIVERY ONLY	Approved	Administrative Approval
ABCBS	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUF-FICIENCY	33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUF-FICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D83.0	COM VAR IMUNODEF W PREDOM ABNLT B-CL NUMS&FUNCTN	S9338	Hit immunotherapy diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D83.0	COM VAR IMUNODEF W PREDOM ABNLT B-CL NUMS&FUNCTN	J1555	Inj cuvitr, 100 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R47.01	APHASIA	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R47.01	APHASIA	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R47.01	APHASIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.612	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF L KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D36.9	BENIGN NEOPLASM, UNSPECIFIED SITE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	N18.5	CHRONIC KIDNEY DISEASE, STAGE 5	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Administrative: Not a Covered Benefit
ASEPSE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLA-TION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLA-TION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	22845	ANTERIOR INSTRUMENTATION 2-3 VER-TEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUF-FICIENCY	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE-RIAL GRAFT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUF-FICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Met Medical Necessity Criteria
HA	Outpatient	G10	HUNTINGTON'S DISEASE	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	E0973	W/ch access det adj armrest	Partially Denied	
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	E2365	U1 sealed leadacid battery	Partially Denied	
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	K0823	Pwc gp 2 std cap chair	Partially Denied	
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	E1032	Wheelchair joystick drive	Partially Denied	
BAAA	Medical Benefit Drug	G93.5	COMPRESSION OF BRAIN	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9071	Inj cyclophosphamd auromedic	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C18.0	MALIGNANT NEOPLASM OF CECUM	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTA-TION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63046	LAM FACECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	47600	CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.291D	INJ ADDUCTOR MUS FSC AND TND OF RIGHT THIGH SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
HA	Inpatient	M27.2	INFLAMMATORY CONDITIONS OF JAWS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.92	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M23.92	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M23.92	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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OCTAVE	Outpatient	K74.69	OTHER CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R35.0	FREQUENCY OF MICTURITION	C1778	Lead, neurostimulator	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R35.0	FREQUENCY OF MICTURITION	64561	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R35.0	FREQUENCY OF MICTURITION	64590	INS/RPLC PERPH SAC/GSTRC NPG/RCVR PKCT CRTJ&CONN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R35.0	FREQUENCY OF MICTURITION	C1767	Generator, neuro non-recharg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	S49.92XA	UNSP INJURY OF LEFT SHOULDER AND UPPER ARM INIT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN- TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	46606	ANOSCOPY W/BX SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.43	INFARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBI- NATE PRTL/COMPL	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Pharmacy Benefit Drug	E11.3313	TYPE 2 DIAB W MOD NONP RTNOP W MACULAR EDEMA BI	J9035	Bevacizumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3313	TYPE 2 DIAB W MOD NONP RTNOP W MACULAR EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E11.69	TYPE 2 DIAB MEL WITH OTHER SPECIFIED COMPL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92520	LARYNGEAL FUNCTION STUDIES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S92.111D	DISP FX OF NK OF R TALUS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37232	REVSC OPN/PRQ TIB/PERO W/ANGIO-PLASTY UNI EA VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37228	REVSC OPN/PRQ TIB/PERO W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37224	REVSC OPN/PRG FEM/POP W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHRC/ANGIOP EA VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.242D	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.242D	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE SUBS	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	S39.012A	STRAIN MUSCLE FSC AND TENDON OF LOWER BACK INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	47562	LAPAROSCOPY SURG CHOLECYSTEC-TOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.82	SOCIAL PRAGMATIC COMMUNICATION DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M19.019	PRIMARY OSTEOARTHRITIS, UNSPECI-FIED SHOULDER	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M19.019	PRIMARY OSTEOARTHRITIS, UNSPECI-FIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M19.019	PRIMARY OSTEOARTHRITIS, UNSPECI-FIED SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Q5001	Hospice or home hlth in home	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	P22.1	TRANSIENT TACHYPNEA OF NEWBORN	99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.14	RADICULOPATHY, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R39.15	URGENCY OF URINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R15.1	FECAL SMEARING	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.02	SEG AND SOMATIC DYSFUNCTION OF THORACIC REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M99.02	SEG AND SOMATIC DYSFUNCTION OF THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.02	SEG AND SOMATIC DYSFUNCTION OF THORACIC REGION	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M99.02	SEG AND SOMATIC DYSFUNCTION OF THORACIC REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	D46.9	MYELOYDPLASTIC SYNDROME, UNSPECIFIED	J0896	Inj luspatercept-aamt 0.25mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z45.2	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	S9123	Nursing care in home rn	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19307	MAST MODF RAD W/AX LYMPH NOD W/ WO PECT/ALIS MIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G37.3	ACTRANS MYELITIS IN DEMYELINATING DIS OF CNSL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J2778	Ranibizumab injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9209	Mesna injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I13.0	HYP HRT&CHR KD DIS W HRT FAIL&STG 1-4/USP CHR KD	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	Partially Denied	
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81270	JAK2 GENE ANALYSIS PVAL617PHE VARIANT	Partially Denied	
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	Partially Denied	
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Partially Denied	
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	Partially Denied	
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81338	MPL GENE ANALYSIS COMMON VARIANTS	Partially Denied	
ASEPSE	Outpatient	I69.328	OTH SPEECH/LANG DEFICITS FOLLOWING CEREBRAL INF	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.802	OTHER EPILEPSY NOT INTRACT WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I50.32	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Partially Denied	
ASEPSE	Outpatient	C71.1	MALIGNANT NEOPLASM OF FRONTAL LOBE	77470	SPECIAL TREATMENT PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.1	MALIGNANT NEOPLASM OF FRONTAL LOBE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.1	MALIGNANT NEOPLASM OF FRONTAL LOBE	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.1	MALIGNANT NEOPLASM OF FRONTAL LOBE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R52	PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.311	MALIG NEOPLM OF LOW-INNER Q OF RIGHT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LAN- GUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	Z87.39	PERSONAL HISTORY OF DIS OF MS SYS AND CONN TISS	Q5121	Inj. avsola, 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECI- FIED	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECI- FIED	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECI- FIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECI- FIED	22840	POSTERIOR NON-SEGMENTAL INSTRU- MENTATION	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	R06.1	STRIDOR	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R06.1	STRIDOR	31622	BRNHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.10	CYSTOCELE, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	P92.2	SLOW FEEDING OF NEWBORN	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	P2P Reconsideration
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PUR- PURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I42.1	OBSTRUCTIVE HYPERTROPHIC CARDIO-MYOPATHY	33416	VENTRICULOMYOTOMY-MYECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	23430	TENODESIS LONG TENDON BICEPS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z15.01	GENETIC SUSCEPTIBILITY TO MALIG NEOP OF BREAST	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z15.01	GENETIC SUSCEPTIBILITY TO MALIG NEOP OF BREAST	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z15.01	GENETIC SUSCEPTIBILITY TO MALIG NEOP OF BREAST	14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z15.01	GENETIC SUSCEPTIBILITY TO MALIG NEOP OF BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LAN-GUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2351	Inj ocrelizumab 1mg hya-ocsq	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E10.52	TYPE 1 DBT W DIAB PERIPH ANGIOPATH W GANGRENE	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M80.00XK	AGE-REL OSTEOPOR W CRNT PATH FX, UNSP SITE, 7THK	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	H83.8X2	OTHER SPECIFIED DISEASES OF LEFT INNER EAR	61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	H83.8X2	OTHER SPECIFIED DISEASES OF LEFT INNER EAR	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	H83.8X2	OTHER SPECIFIED DISEASES OF LEFT INNER EAR	69641	TMPP MASTOIDECTOMY W/O OSSICU-LAR CHAIN RECNSTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E76.1	MUCOPOLYSACCHARIDOSIS, TYPE II	J1743	Idursulfase injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	M24.852	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	27257	TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	Approved	Administrative Approval
OCTAVE	Inpatient	M24.852	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	27095	INJECTION HIP ARTHROGRAPHY W/ ANESTHESIA	Approved	Administrative Approval
OCTAVE	Inpatient	M24.852	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44211	LAPS COLCT TTL ABD W/PRCTECT ILEO-ANAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	47380	ABLTJ OPN 1/> LVR TUM RF	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	76940	US &MNTR PARENCHYMAL TISSUE ABLATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S73.192D	OTHER SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	S72.352R	DISPL COMMNT FX SHAFT OF L FEMR, 7THR	27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	S72.352R	DISPL COMMNT FX SHAFT OF L FEMR, 7THR	27303	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	S72.352R	DISPL COMMNT FX SHAFT OF L FEMR, 7THR	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.321D	DISRP/DEHISC CLOSР INT OP WND ABD WL MSL/FASC SB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	Z98.1	ARTHRODESIS STATUS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z98.1	ARTHRODESIS STATUS	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z98.1	ARTHRODESIS STATUS	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z98.1	ARTHRODESIS STATUS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z98.1	ARTHRODESIS STATUS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M41.35	THORACOGENIC SCOLIOSIS, THORACOLUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M41.35	THORACOGENIC SCOLIOSIS, THORACOLUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
BAAA	Medical Benefit Drug	D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS UNSPECIFIED	J0791	Inj crizanlizumab-tmca 5mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L10.9	PEMPHIGUS, UNSPECIFIED	J2920	Methylprednisolone injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L10.9	PEMPHIGUS, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L10.9	PEMPHIGUS, UNSPECIFIED	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L10.9	PEMPHIGUS, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	L10.9	PEMPHIGUS, UNSPECIFIED	S9490	Hit corticosteroid/diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L10.9	PEMPHIGUS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	C95.00	ACUTE LUK OF UNSP CELL TYPE NOT ACHIEVE REMIS	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G62.9	POLYNEUROPATHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G90.A	POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME [POTS]	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria

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ABCBS	Medical Benefit Drug	M08.3	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D3A.8	OTHER BENIGN NEUROENDOCRINE TUMORS	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D3A.8	OTHER BENIGN NEUROENDOCRINE TUMORS	48140	PNCRTCT DSTL STOT W/O PNCRTCTOJE-JUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	G91.9	HYDROCEPHALUS, UNSPECIFIED	62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M12.562	TRAUMATIC ARTHROPATHY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43333	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S33.6XXS	SPRAIN OF SACROILIAC JOINT, SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I83.812	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I83.812	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R13.13	DYSPHAGIA, PHARYNGEAL PHASE	92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95714	VEEG BY TECH EA INCR 12-26 HR UN-MONITORED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	34709	PLACEMENT XTN PROSTH FOR ENDO-VASCULAR RPR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	36200	INTRODUCTION CATHETER AORTA	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	77012	CT GUIDANCE NEEDLE PLACEMENT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	20225	BIOPSY BONE TROCER/NEEDLE DEEP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q67.6	PECTUS EXCAVATUM	64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	Approved	Met Medical Necessity Criteria

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BAAA	Inpatient	Q67.6	PECTUS EXCAVATUM	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	Q64.79	OTHER CONGENITAL MALFORM OF BLADDER AND URETHRA	51525	CYSTOTOMY EXCISE BLADDER DIVER-TICULUM 1/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q01.8	ENCEPHALOCELE OF OTHER SITES	61591	INFRATEMPO MID CRANIAL FOSSA W/ WO DCOMPR&/MOBI	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q01.8	ENCEPHALOCELE OF OTHER SITES	61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D72.819	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	L98.7	EXCESSIVE & REDUNDANT SKIN & SUB-CUTANEOUS TISSUE	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	L98.7	EXCESSIVE & REDUNDANT SKIN & SUB-CUTANEOUS TISSUE	21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	L98.7	EXCESSIVE & REDUNDANT SKIN & SUB-CUTANEOUS TISSUE	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KID-NEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOS-TOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M77.10	LATERAL EPICONDYLITIS, UNSPECIFIED ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N85.2	HYPERTROPHY OF UTERUS	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N85.2	HYPERTROPHY OF UTERUS	58558	HYSTEROSCOPY BX ENDOMETRIUM&/ POLYPC W/WO D&C	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.6	MALIGNANT NEOPLASM OF CEREBELLUM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.320	APHASIA FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M67.52	PLICA SYNDROME, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	C78.00	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C78.00	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C78.00	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	J9209	Mesna injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C78.00	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C78.00	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C78.00	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	J9208	Ifosfamide injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C78.00	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.111	INCOMPL ROTATR-CUFF TEAR/RUPTR OF R SHLD XTRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C44.320	SQUAMOUS CELL CA OF SKIN OF USP PARTS OF FACE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C44.320	SQUAMOUS CELL CA OF SKIN OF USP PARTS OF FACE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C44.320	SQUAMOUS CELL CA OF SKIN OF USP PARTS OF FACE	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.939	UNSP SYNOVITIS/TENOSYNOVITIS UN-SPECIFIED FOREARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	S2900	Robotic surgical system	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F07.81	POSTCONCUSSIONAL SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.018D	BROKEN INT JOINT PROSTH OTHER SITE SUBS ENCNTR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Approved	Met Medical Necessity Criteria
HA	Outpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	93306	ECHO THRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	76376	3D RENDERING W/INTERP & POSTPRO- CESS SUPERVISION	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE- RIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HAR- VEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H90.6	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS BI	69714	IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H90.6	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS BI	L8690	Aud osseo dev, int/ext comp	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	J9205	Inj irinotecan liposome 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9041	Injection, bortezomib, 0.1mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9060	Cisplatin 10 mg injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
HA	Outpatient	J84.89	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R06.3	PERIODIC BREATHING	86756	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S52.501D	USP FX THE LO END R RAD SB FOR CLS FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9260	Inj methotrexate sodium 50mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q43.3	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q43.3	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	44055	CORRJ MALROTATION BANDS&RDCTJ VOLVULUS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E88.02	PLASMINOGEN DEFICIENCY	J2998	Inj plasminogen tvmh 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S13.4XXD	SPRAIN OF LIGAMENTS OF CERVICAL SPINE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C14.8	MALIG NEOP OF OVRLP SITE OF LIP ORAL CAV&PHARYNX	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C14.8	MALIG NEOP OF OVRLP SITE OF LIP ORAL CAV&PHARYNX	40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C14.8	MALIG NEOP OF OVRLP SITE OF LIP ORAL CAV&PHARYNX	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C14.8	MALIG NEOP OF OVRLP SITE OF LIP ORAL CAV&PHARYNX	40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C14.8	MALIG NEOP OF OVRLP SITE OF LIP ORAL CAV&PHARYNX	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C14.8	MALIG NEOP OF OVRLP SITE OF LIP ORAL CAV&PHARYNX	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	76998	ULTRASONIC GUIDANCE INTRAOPER- ATIVE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	61619	SEC RPR DURA CSF LEAK LOCAL/RE- GIONALIZED FLAP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM- PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19380	REVISION OF RECONSTRUCTED BREAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R15.9	FULL INCONTINENCE OF FECES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.4	UTEROVAGINAL PROLAPSE, UNSPECI- FIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.610	TYPE 2 DIAB MEL W DIABETIC NEURO- PATHIC ARTHROP	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I36.1	NONRHEUMATIC TRICUSPID (VALVE) INSUFFICIENCY	0569T	TTVR PERCUTANEOUS APPROACH INI- TIAL PROSTHESIS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33430	REPLACEMENT MITRAL VALVE W/CAR- DIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	50544	LAPAROSCOPY SURG PYELOPLASTY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.110	INCMPL ROTATR-CUFF TEAR/RUPTR OF USP SHLD XTRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R39.16	STRAINING TO VOID	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M89.9	DISORDER OF BONE, UNSPECIFIED	61500	CRANIECTOMY W/EXCISION TUMOR/ LESION SKULL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81220	CFTR GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81329	SMN1 GENE ANALYSIS DOSAGE/DELET Alys W/SMN2 Alys	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81161	DMD DUPLICATION/DELETION ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81200	ASPA GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81361	HBB COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria

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SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81255	HEXA GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81243	FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.321	CHR VENOUS HYPERTENSION W INF OF R LOW EXTREM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOS-TOMY	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	49329	UNLISTED LAPAROSCOPY PX ABD PER-TONEUM & OMENTUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	49255	OMNTC EPIPLOECTOMY RESCJ OMEN-TUM SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61736	LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.50	PAIN IN UNSPECIFIED JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.001	MIGRAINE W/O AURA NOT INTRACT WITH STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.001	MIGRAINE W/O AURA NOT INTRACT WITH STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G82.50	QUADRIPLÉGIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K31.84	GASTROPARESIS	64590	INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K31.84	GASTROPARESIS	95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K31.84	GASTROPARESIS	43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M35.06	SJOGREN SYND W PERIPHERAL NERV SYS INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z15.01	GENETIC SUSCEPTIBILITY TO MALIG NEOP OF BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J9171	Docetaxel injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J9316	Pertuzu, trastuzu, 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FIND-ING OF LUNG FIELD	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H72.02	CENTRAL PERF OF TYMPANIC MEM-BRANE LEFT EAR	69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H72.02	CENTRAL PERF OF TYMPANIC MEM-BRANE LEFT EAR	21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/ EAR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTI- PLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLA- TION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLA- TION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M18.9	OSTEOARTH OF FIRST CARPOMETACARP JOINT USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVAT- ED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADI- CAL NECK DSJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31225	MAXILLECTOMY W/O ORBITAL EXEN- TERATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N18.5	CHRONIC KIDNEY DISEASE, STAGE 5	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5125	Inj, releuko 1 mcg	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria

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HA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
HA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
HA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
HA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.318	ULCERATIVE RECTOSIGMOIDITIS WITH OTH COMPL	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTBS ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTBS ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxinA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	C71.6	MALIGNANT NEOPLASM OF CEREBEL-LUM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.32	PEDIATRIC FEEDING DISORDER, CHRONIC	B4161	Ef ped hydrolyzed/amino acid	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.E01	CHRONIC MIGRAINE W AURA NOT INTRACT W STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.E01	CHRONIC MIGRAINE W AURA NOT INTRACT W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	J9217	Leuprolide acetate suspnsion	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Administrative Approval
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K95.09	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M95.8	OTH ACQ DEFORMITIES OF MUSCULO-SKELETAL SYSTEM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I47.20	VENTRICULAR TACHYCARDIA, UNSPECIFIED	K0606	Aed garment w elec analysis	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22226	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J1110	Inj dihydroergotamine mesylt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	Q78.1	POLYOSTOTIC FIBROUS DYSPLASIA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	Q78.1	POLYOSTOTIC FIBROUS DYSPLASIA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	Q78.1	POLYOSTOTIC FIBROUS DYSPLASIA	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	Q78.1	POLYOSTOTIC FIBROUS DYSPLASIA	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
BAAA	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	58925	OVARIAN CYSTECTOMY UNI/BI	Approved	Administrative Approval
SKAI_BLUE	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	29916	ARTHROSCOPY HIP W/LABRAL REPAIR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Partially Denied	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	G0283	Elec stim other than wound	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77470	SPECIAL TREATMENT PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S52.501A	UNSP FRACTURE THE LOWER END OF RIGHT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49618	RPR AA HERNIA RECR > 10 CM NCRC8/ STRANGULATED	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	S9373	Hit hydra total diem	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	J2329	Inj ublituximab-xiy, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q21.10	ATRIAL SEPTAL DEFECT, UNSPECIFIED	33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z15.89	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	Z15.89	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z43.1	ENCOUNTER FOR ATTENTION TO GAS-TROSTOMY	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	Q5157	Inj, denosumab-bmwo, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Q38.8	OTHER CONGENITAL MALFORMATIONS OF PHARYNX	15240	FTH/GF FR W/DIR CLSR F/C/C/M/N/AX-/G/H/F 20SQCM/<	Approved	Administrative Approval
FEP	Inpatient	Q38.8	OTHER CONGENITAL MALFORMATIONS OF PHARYNX	69205	RMVL FB XTRNL AUDITORY CANAL ANES	Approved	Administrative Approval
FEP	Inpatient	Q38.8	OTHER CONGENITAL MALFORMATIONS OF PHARYNX	69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	T84.062A	WEAR OF ART BEARING SFC OF INT PROS R KN JT INI	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	G6002	Stereoscopic x-ray guidance	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K42.9	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	Approved	Administrative Approval
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0174	Inj, lecanemab-irmb, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G12.0	INFNTLE SPI MUS ATROPHY TP I [WERD-NIG-HOFFMAN]	Q5001	Hospice or home hlth in home	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5130	In ear binaural hearing aid	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	49622	RPR PARASTOMAL HRNA 1ST/RECR NCRC8/STRANGULATED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	S2900	Robotic surgical system	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	49621	RPR PARASTOMAL HERNIA 1ST/RECR REDUCIBLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G54.0	BRACHIAL PLEXUS DISORDERS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G54.0	BRACHIAL PLEXUS DISORDERS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G54.0	BRACHIAL PLEXUS DISORDERS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q43.9	CONGENITAL MALFORMATION OF INTESTINE UNSPECIFIED	46716	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.649	STIFFNESS OF USP HAND NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	S82.892B	OTH FX LEFT LOWER LEG INIT FOR OPN FX TYPE I/2	11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S82.892B	OTH FX LEFT LOWER LEG INIT FOR OPN FX TYPE I/2	27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S82.892B	OTH FX LEFT LOWER LEG INIT FOR OPN FX TYPE I/2	27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M89.021	ALGONEURODYSTROPHY, RIGHT UPPER ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G98.8	OTHER DISORDERS OF NERVOUS SYSTEM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S63.091A	OTHER SUBLUX OF RIGHT WRIST AND HAND INIT ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.331	TRIGGER FINGER, RIGHT MIDDLE FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5 CM OR LESS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRD L NEOVAS	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSPAREUNIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M86.022	ACUTE HEMATOGENOUS OSTEOMYELI- TIS, LEFT HUMERUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.54XD	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH SUBS	11981	INSERTION DRUG DELIVERY IMPLANT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.54XD	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH SUBS	20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.54XD	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH SUBS	27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.54XD	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH SUBS	97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI- TIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDI- AL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOM- PLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE- RIAL GRAFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	J32.8	OTHER CHRONIC SINUSITIS	69706	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	J32.8	OTHER CHRONIC SINUSITIS	31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	J32.8	OTHER CHRONIC SINUSITIS	31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S22.31XA	FRACTURE OF ONE RIB RIGHT SIDE INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	Administrative Approval
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Administrative Approval
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	Approved	Administrative Approval
EXCHNG	Inpatient	T84.59XD	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH SUBS	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Administrative Approval
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76948	US GUIDANCE ASPIRATION OVA IMG S&I	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89352	THAWING CRYOPRESERVED EMBRYO	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89250	CUL OOCYTE/EMBRYO <4 DAYS	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58974	EMBRYO TRANSFER INTRAUTERINE	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0256	Alpha 1 proteinase inhibitor	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M12.88	OTH SPECIFIC ARTHROPATHIES, NEC, OTH SITE	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M12.88	OTH SPECIFIC ARTHROPATHIES, NEC, OTH SITE	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Partially Denied	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Partially Denied	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Partially Denied	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	Q5111	Injection, udenyca 0.5 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S72.302D	USP FX SHAFT OF L FEMUR SB FOR CLS FX ROUT HEAL	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S82.209A	UNSP FX SHAFT OF UNSPT TIBIA INIT FOR CLOS FX	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	S9123	Nursing care in home rn	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	L88	PYODERMA GANGRENOSUM	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89250	CUL OOCYTE/EMBRYO <4 DAYS	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89280	ASSTD FERTILIZATION MICROTOQ <= 10 OOCYTES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89353	THAWING CRYOPRESERVED SPERM/ SEMEN EACH ALIQUOT	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89258	CRYOPRSRV EMBRYO	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89268	INSEMINATION OOCYTES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58974	EMBRYO TRANSFER INTRAUTERINE	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89261	SPRM ISOL CPLX PREP INSEMINATION/ DX SEMEN ALYS	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89260	SPRM ISOL SMPL PREP INSEMINATION/ DX SEMEN ALYS	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89281	ASSTD FERTILIZATION MICROTOQ > 10 OOCYTES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTOQS ANY METH	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89352	THAWING CRYOPRESERVED EMBRYO	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89254	OOCYTE ID FROM FOLLICULAR FLU	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	S4042	Ovulation mgmt per cycle	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D80.0	HEREDITARY HYPOGAMMAGLOBULINEMIA	J2545	Pentamidine non-comp unit	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D80.0	HEREDITARY HYPOGAMMAGLOBULINEMIA	J1720	Hydrocortisone sodium succ i	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D80.0	HEREDITARY HYPOGAMMAGLOBULINEMIA	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D80.0	HEREDITARY HYPOGAMMAGLOBULINEMIA	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R51.9	HEADACHE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.511	CRB INFRD D/T USP OCCLS OR STENOS R MID CRB ART	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.511	CRB INFRD D/T USP OCCLS OR STENOS R MID CRB ART	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.511	CRB INFRD D/T USP OCCLS OR STENOS R MID CRB ART	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.320	OT CERV DISC DEGENERATION MID-CRV RG USP LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5262	Hearing aid, disp, monaural	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	Q5001	Hospice or home hlth in home	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M24.412	RECURRENT DISLOCATION, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NON-DOMINANT SIDE	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NON-DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N04.9	NEPHROTIC SYNDROME WITH USP MORPHOLOGIC CHANGES	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	Q5006	Hospice in hospice facility	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J1823	Inj. inebilizumab-cdon, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.111	INCOMPL ROTATR-CUFF TEAR/RUPTR OF R SHLD X TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K42.0	UMBILICAL HERNIA WITH OBST WITHOUT GANGRENE	49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	Denied	P2P Denied
SKAI_BLUE	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61591	INFRATEMPO MID CRANIAL FOSSA W/ WO DCOMPR&/MOBI	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61520	CRNECTUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R50.9	FEVER, UNSPECIFIED	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R50.9	FEVER, UNSPECIFIED	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R50.9	FEVER, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R50.9	FEVER, UNSPECIFIED	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R50.9	FEVER, UNSPECIFIED	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R50.9	FEVER, UNSPECIFIED	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	V03.10XD	PED ON FOOT INJURED PK-UP PK-UP/ VAN IN TRAF SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Administrative Approval
HA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
HA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R41.844	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R41.844	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	N82.0	VESICOVAGINAL FISTULA	51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N82.0	VESICOVAGINAL FISTULA	57311	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.811	ANTERIOR TIBIAL SYNDROME, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ABCBS	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	S9338	Hit immunotherapy diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	J1558	Inj. xembify, 100 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	K83.09	OTHER CHOLANGITIS	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S32.001A	STABLE BURST FRACTURE UNSP LUMBAR VERTEBRA INIT	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	48140	PNCRTCT DSTL STOT W/O PNCRTCOJE-JUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T14.90XA	INJURY, UNSPECIFIED, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G54.0	BRACHIAL PLEXUS DISORDERS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S66.123A	LAC FLX MUS/FSC/TND L MID FNGR AT WRS/HND LV INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S46.001A	UNSP INJ MUS/TEND THE ROTATOR CUFF OF R SHLD INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUTIC ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI- NAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI- NAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	D66	HEREDITARY FACTOR VIII DEFICIENCY	J7214	Altuviio per factor viii iu	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D52.9	FOLATE DEFICIENCY ANEMIA, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.19	OTHER DYSPHAGIA	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	20920	FASCIA LATA GRAFT BY STRIPPER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	38720	CERVICAL LYMPHADENECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	61605	RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	15770	GRAFT DERMA-FAT-FASCIA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	E1399	Durable medical equipment mi	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R53.83	OTHER FATIGUE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59409	VAGINAL DELIVERY ONLY	Approved	Administrative Approval
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Administrative: Not a Covered Benefit
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	S9373	Hit hydra total diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D3A.8	OTHER BENIGN NEUROENDOCRINE TUMORS	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D57.00	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	J0791	Inj crizanlizumab-tmca 5mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33411	RPLCMT AORTIC VALVE ANNULUS ENLLEMENT NONC SINUS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGFR/STENT	Approved	Met Medical Necessity Criteria

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FEP	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D64.9	ANEMIA, UNSPECIFIED	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D64.9	ANEMIA, UNSPECIFIED	43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K43.6	OTH AND UNSP VENTRAL HERNIA WITH OBST W/O GANGR	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	Approved	Administrative Approval
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63030	LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.59XD	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	T84.59XD	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH SUBS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K43.5	PARASTOMAL HERNIA W/O OBSTRUCTION OR GANGRENE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	27687	GASTROCNEMIUS RECESSON	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	28292	CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9334	Inj efgart-alfa 2mg hya-qvfc	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	S9379	Hit noc per diem	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
FEP	Outpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	G0283	Elec stim other than wound	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M32.14	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K62.89	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K62.89	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Administrative: Insufficient Information
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.014D	LATERAL DLOC OF RIGHT PATELLA SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S32.10XA	UNSP FRACTURE SACRUM INIT FOR CLOSED FRACTURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S32.10XA	UNSP FRACTURE SACRUM INIT FOR CLOSED FRACTURE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S32.10XA	UNSP FRACTURE SACRUM INIT FOR CLOSED FRACTURE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61520	CRNECTUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	15770	GRAFT DERMA-FAT-FASCIA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	S9373	Hit hydra total diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G58.9	MONONEUROPATHY, UNSPECIFIED	L8679	Imp neurosti pls gn any type	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G58.9	MONONEUROPATHY, UNSPECIFIED	64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G58.9	MONONEUROPATHY, UNSPECIFIED	L8680	Implt neurostim elctr each	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	I61.3	NTRM INTRACEREBRAL HEMORRHAGE IN BRAIN STEM	Q5006	Hospice in hospice facility	Approved	Administrative Approval
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOTANEOUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49617	RPR AA HERNIA RECR > 10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49615	RPR AA HERNIA RECR 3-10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	23430	TENODESIS LONG TENDON BICEPS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D59.6	HEMOGLOBINURIA D/T HEMOLYSIS FROM OTHER EXT COZ	J1299	Inj, eculizumab, 2 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	V03.10XD	PED ON FOOT INJURED PK-UP PK-UP/ VAN IN TRAF SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	V03.10XD	PED ON FOOT INJURED PK-UP PK-UP/ VAN IN TRAF SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L97529	NON-PRS CHR ULC OTH PRT LEFT FOOT W UNSP SEVERT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H93.13	TINNITUS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.42	FLAT FOOT [PES PLANUS] (ACQUIRED), LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50546	LAPAROSCOPY NEPHRECTOMY W/ PARTIAL URETERECT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.00	ECTR FOR CHANGE OR RMVL OF NON-SURG WND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	B4152	Ef calorie dense>=1.5kcal	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.A32	MIX CND/SNRL HEAR LS,UNI,L EAR W RSTR HEAR CNTRA	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	W54.0XXA	BITTEN BY DOG, INITIAL ENCOUNTER	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	W54.0XXA	BITTEN BY DOG, INITIAL ENCOUNTER	99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	W54.0XXA	BITTEN BY DOG, INITIAL ENCOUNTER	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.53	PSORIATIC SPONDYLITIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.53	PSORIATIC SPONDYLITIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.53	PSORIATIC SPONDYLITIS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.512	MUSCLE WASTING AND ATROPHY, NEC, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	G0283	Elec stim other than wound	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93656	COMPRES EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD XTRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	B4152	Ef calorie dense>=1.5kcal	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	K62.3	RECTAL PROLAPSE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K62.3	RECTAL PROLAPSE	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K62.3	RECTAL PROLAPSE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	R00.0	TACHYCARDIA, UNSPECIFIED	70498	CT ANGIOGRAPHY NECK W/CONTRAST/ NONCONTRAST	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	R00.0	TACHYCARDIA, UNSPECIFIED	93306	ECHO THRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	R00.0	TACHYCARDIA, UNSPECIFIED	70496	CT ANGIOGRAPHY HEAD W/CONTRAST/ NONCONTRAST	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0596	Injection, ruconest	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50240	NEPHRECTOMY PARTIAL	Approved	Administrative Approval
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q25.45	DOUBLE AORTIC ARCH	33802	DIVISION ABERRANT VESSEL VASCULAR RING	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37221	REVSC OPN/PRO ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D89.89	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
FEP	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITH-OUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITH-OUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.90	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	I83.11	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INF	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R53.0	NEOPLASTIC (MALIGNANT) RELATED FATIGUE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE INITIAL ECTR	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE INITIAL ECTR	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	S82.131E	DISP FX OF MED CONDYLE OF R TIBIA, 7THE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37224	REVSC OPN/PRG FEM/POP W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATH-RC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37239	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37222	REVASCLARIZATION ILIAC ART ANGIOP EA IPSI VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37225	REVSC OPN/PRO FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77470	SPECIAL TREATMENT PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77336	CONTINUING MEDICAL PHYSICS CON-SLTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77333	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	R61	GENERALIZED HYPERHIDROSIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B4152	Ef calorie dense>=1.5kcal	Denied	Did Not Meet Medical Necessity Criteria

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ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	T45.AX5A	ADVRS EFFECT IMMUNE CHKPT NHBT/ IMMUNOSTIM RX INI	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	14000	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19380	REVISION OF RECONSTRUCTED BREAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	14001	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	Q5010	Hospice home care in hospice	Approved	Administrative Approval
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Q21.15	INFERIOR SINUS VENOSUS ATRIAL SEPTAL DEFECT	33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	A41.81	SEPSIS DUE TO ENTEROCOCCUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M24.80	OTH SPECIFIC JOINT DERANG OF UNSP JOINT NEC	81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M24.80	OTH SPECIFIC JOINT DERANG OF UNSP JOINT NEC	81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H81.11	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	20527	INJECTION ENZYME PALMAR FASCIAL CORD	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.242D	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M84.351D	STRESS FX RIGHT FEMUR SUBS FOR FX W ROUN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M50.00	CERV DISC DIS WITH MYELOPATHY UNSP CERV REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.109	MIGRAINE WITH AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37224	REVSC OPN/PRG FEM/POP W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37228	REVSC OPN/PRQ TIB/PERO W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M16.10	UNILATERAL PRIMARY OSTEOARTH UNSPECIFIED HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.001A	UNSP INJ MUS/TEND THE ROTATOR CUFF OF R SHLD INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N48.30	PRIAPISM, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Partially Denied	
SKAI_BLUE	Outpatient	N48.30	PRIAPISM, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K11.7	DISTURBANCES OF SALIVARY SECRETION	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37228	REVSC OPN/PRQ TIB/PERO W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37224	REVSC OPN/PRG FEM/POP W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	63047	LAM FACECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Q5001	Hospice or home hlth in home	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.71	MIX CND/SNRL HEAR L,UNI,R EAR,W URE HEAR CNT SID	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	Q5104	Injection, renflexis	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S82.122A	DISP FX OF LAT CONDYLE OF L TIB INI FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.002A	UNSP INJ MUS/TEND THE ROTATOR CUFF OF L SHLD INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	91122	ANORECTAL MANOMETRY	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	J0585	Injection, onabotulinumtoxin a	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.0	DRUG-INDUCED SYSTEMIC LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	61781	STRCTC CPT ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
BAAA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Administrative Approval
BAAA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Administrative Approval
BAAA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	Approved	Administrative Approval
BAAA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L02.413	CUTANEOUS ABSCESS OF RIGHT UPPER LIMB	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I72.8	ANEURYSM OF OTHER SPECIFIED ARTERIES	33881	EVASC RPR TA DPLMNT AORT-ARTCTUB NDGFT XCOV LSA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I72.8	ANEURYSM OF OTHER SPECIFIED ARTERIES	35606	BPG OTH/THN VEIN CAROTID-SUBCLAVIAN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I72.8	ANEURYSM OF OTHER SPECIFIED ARTERIES	33880	EVASC RPR TA DPLMNT AORT-ARTCTUBE NDGFT COV LSA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I72.8	ANEURYSM OF OTHER SPECIFIED ARTERIES	75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I72.8	ANEURYSM OF OTHER SPECIFIED ARTERIES	75956	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0596	Injection, ruconest	Partially Denied	
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S32.020A	WEDGE COMPRSN FX SECOND LUMBAR VERTEBRA INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI-NAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANE- OUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49618	RPR AA HERNIA RECR > 10 CM NCRC8/ STRANGULATED	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.561	PAIN IN RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDI-AL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.11	ENDOCARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULIN-EMIA	J1561	Gamunex-c/gammaked	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97112	THER PX 1/> AREAS EACH 15 MIN NEU- ROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L89.322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	K1027	Oral dev without fix mech	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0486	Oral device/appliance cusfab	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.89	OTHER DORSALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H53.009	UNSPECIFIED AMBLYOPIA, UNSPECIFIED EYE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D69.59	OTHER SECONDARY THROMBOCYTOPENIA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J7050	Normal saline solution infus	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Administrative Approval
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3511	TYPE 2 DIAB W PRLF DIAB RTNOP W MACU EDEMA R EYE	J2778	Ranibizumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q279	CONG MALFORM OF PERIPHERAL VASCULAR SYSTEM UNSP	17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	Administrative Approval
BAAA	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.511	CRB INFRCT D/T USP OCCLS OR STENOS R MID CRB ART	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.89	NEOPLASM OF USP BEHAV OF OTHER SPECIFIED SITES	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.89	NEOPLASM OF USP BEHAV OF OTHER SPECIFIED SITES	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.89	NEOPLASM OF USP BEHAV OF OTHER SPECIFIED SITES	61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.89	NEOPLASM OF USP BEHAV OF OTHER SPECIFIED SITES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.89	NEOPLASM OF USP BEHAV OF OTHER SPECIFIED SITES	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.89	NEOPLASM OF USP BEHAV OF OTHER SPECIFIED SITES	61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UN-SPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.59	OT LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.59	OT LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
ASEPSE	Medical Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULIN-EMIA	J1569	Gammagard liquid injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62165	NUNDSC ICRA EXC PITUITRY TUM TRN-SNSL/SPHENOID	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z4781	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z4781	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z4781	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R53.1	WEAKNESS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
EXCHNG	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51865	CYSTORRHAPHY SUTR BLDR WND INJ/ RPT COMPLICATED	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	46924	DSTRJ LESION ANUS EXTENSIVE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	49002	REOPENING RECENT LAPAROTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I20.0	UNSTABLE ANGINA	93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q67.6	PECTUS EXCAVATUM	64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q67.6	PECTUS EXCAVATUM	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.16	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.16	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.16	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.16	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.16	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M48.04	SPINAL STENOSIS, THORACIC REGION	63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z63.8	OTHER SPECIFIED PROB REL TO PRIM SUPPORT GROUP	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63017	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	27096	INJECT SI JOINT ARTHRGRPHY&/ANES/ STEROID W/IMA	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.491A	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKL INIT ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M33.90	DERMATOPOLYMYOSITIS UNSP ORGAN INVOLV USP	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	M33.90	DERMATOPOLYMYOSITIS UNSP ORGAN INVOLV USP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria

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BAAA	Medical Benefit Drug	M33.90	DERMATOPOLYMYOSITIS UNSP ORGAN INVOLV USP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	G10	HUNTINGTON'S DISEASE	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGFR/STENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S52.502A	UNSP FRACTURE THE LOWER END OF LEFT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31254	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M47.894	OTHER SPONDYLOSIS, THORACIC REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.894	OTHER SPONDYLOSIS, THORACIC REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.51	BURSITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.91XD	SPRAIN OF USP SITE OF RIGHT KNEE SUBS ENCNR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K50.812	CROHN DIS OF BOTH SMALL AND LG INT W INTEST OBST	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K50.812	CROHN DIS OF BOTH SMALL AND LG INT W INTEST OBST	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K50.812	CROHN DIS OF BOTH SMALL AND LG INT W INTEST OBST	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K50.812	CROHN DIS OF BOTH SMALL AND LG INT W INTEST OBST	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.52	PATELLAR TENDINITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.039A	MECH LOOSENING OF UNSP INT PROSTH JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Partially Denied	
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F93.8	OTHER CHILDHOOD EMOTIONAL DISORDERS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97763	ORTHOTICS/PROSTH MGMT & TRAINING SBSQ ENCTR 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9041	Injection, bortezomib, 0.1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5110	Hearing aid dispensing fee	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5010	Assessment for hearing aid	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5020	Conformity evaluation	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I08.0	RHU DISORD OF BOTH MITRAL AND AORTIC VALVES	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	A9276	Disposable sensor, cgm sys	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F98.29	OTH FEEDING DISORD OF INFANCY & EARLY CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.11	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	C83.18	MANTLE CELL LYMPH LYMPH NODES OF MULTIPLE SITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.402D	SPRAIN OF USP LIGAMENT OF LEFT ANKLE SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L89.220	PRESSURE ULCER OF LEFT HIP, UNSTAGEABLE	S9122	Home health aide or certifie	Partially Denied	
ASEPSE	Outpatient	L89.220	PRESSURE ULCER OF LEFT HIP, UNSTAGEABLE	S9129	Occupational therapy, in the	Partially Denied	
ASEPSE	Outpatient	L89.220	PRESSURE ULCER OF LEFT HIP, UNSTAGEABLE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	

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ASEPSE	Outpatient	L89.220	PRESSURE ULCER OF LEFT HIP, UN-STAGEABLE	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	L89.220	PRESSURE ULCER OF LEFT HIP, UN-STAGEABLE	S9128	Speech therapy, in the home,	Partially Denied	
ASEPSE	Outpatient	L89.220	PRESSURE ULCER OF LEFT HIP, UN-STAGEABLE	S9127	Social work visit, in the ho	Partially Denied	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S82.221A	DSP TRANS FRACTURE SHAFT OF RIGHT TIBIA INIT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.020A	WEDGE COMPRSN FX SECOND LUMBAR VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.020A	WEDGE COMPRSN FX SECOND LUMBAR VERTEBRA INIT	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z80.3	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K63.2	FISTULA OF INTESTINE	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K63.2	FISTULA OF INTESTINE	49000	EXPLORATORY LAPAROTOMY CELIOTO-MY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K63.2	FISTULA OF INTESTINE	44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22226	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL	Approved	Met Medical Necessity Criteria

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EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	E2365	U1 sealed leadacid battery	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	E0973	W/ch access det adj armrest	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	K0823	Pwc gp 2 std cap chair	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J3247	Inj secukinumab intrav 1mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9129	Occupational therapy, in the	Partially Denied	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9122	Home health aide or certifie	Partially Denied	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9128	Speech therapy, in the home,	Partially Denied	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9127	Social work visit, in the ho	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J3262	Tocilizumab injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R13.10	DYSPHAGIA, UNSPECIFIED	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	J9334	Inj efgart-alfa 2mg hya-qvfc	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	38572	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	S2900	Robotic surgical system	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	H93.19	TINNITUS, UNSPECIFIED EAR	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRACRANIAL ART	Denied	Administrative: Insufficient Information
BAAA	Inpatient	H93.19	TINNITUS, UNSPECIFIED EAR	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Denied	Administrative: Insufficient Information
BAAA	Inpatient	H93.19	TINNITUS, UNSPECIFIED EAR	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTID CIRC	Denied	Administrative: Insufficient Information
BAAA	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	Q5118	Inj., zidovudine, 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J9022	Inj, atezolizumab, 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRANSPL AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRANSPL AUTOL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.816	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY LUMBAR	64493	NX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.637A	DISP FX OF DIST PHALX OF LEFT LITTLE FINGER INIT	L3933	Fo w/o joints cf	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.637A	DISP FX OF DIST PHALX OF LEFT LITTLE FINGER INIT	97760	ORTHOTICS MGMT & TRAINING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE SUBS	97110	THERAPEUTIC PX 1/2 AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Administrative Approval
EXCHNG	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	64425	INJECTION AA&STRID ILLIOINGUINAL IH NERVES	Approved	Administrative Approval
SKAI_BLUE	Outpatient	M51.16	INTERVERTEBRAL DISC DISORD W RADICULOPATHY LUMBAR REGION	63030	LAMINOTOMY DISC PRN NRV ROOT 1 NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/2 AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N85.2	HYPERTROPHY OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVLTUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/2 AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATERAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	L02.211	CUTANEOUS ABSCESS OF ABDOMINAL WALL	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	93350	ECHO THRC R-T 2D W/WO M-MODE COMPLETE REST&ST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.412	MALIGNANT NEOPLASM OF UPPER-OUTER QUARTER OF LEFT BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	G0283	Elec stim other than wound	Partially Denied	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K65.1	PERITONEAL ABSCESS	49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
HA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G20.B1	PARKNS DIS W DYSKINESIA W/O MENTION FLUCTUATIONS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G20.B1	PARKNS DIS W DYSKINESIA W/O MENTION FLUCTUATIONS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	F80.82	SOCIAL PRAGMATIC COMMUNICATION DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
HA	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S86.001D	USP INJURY OF RIGHT ACHILLES TENDON SUBS ENCNR	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.572	MUS WASTING AND ATROPHY NEC LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	N18.4	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	J0881	Darbepoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S42.201D	UNSP FX UP END OF R HMRS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	J1750	Inj iron dextran	Approved	Met Medical Necessity Criteria
FEP	Inpatient	N20.0	CALCULUS OF KIDNEY	52000	CYSTOURETHROSCOPY	Approved	Administrative Approval
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	K50.112	CROHN DISEASE OF LARGE INTESTINE W INTEST OBST	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z85.038	PERSONAL HISTORY OF MALIG NEOPLASM OF LARGE INT	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z85.038	PERSONAL HISTORY OF MALIG NEOPLASM OF LARGE INT	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33859	AS-AORT GRF W/CARD BYP F/AORTIC DSOTH/THN DSJ	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.01	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.4	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T81.42XA	INFCT FOL PROC, DEEP INCISIONAL SRG SITE, INIT	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.322A	DISP FX OF SHAFT OF 3RD METACARPAL BN R HND INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M94.262	CHONDROMALACIA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.9	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32554	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q67.6	PECTUS EXCAVATUM	64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q67.6	PECTUS EXCAVATUM	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Approved	Administrative Approval
BAAA	Inpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	Approved	Administrative Approval
ASEPSE	Outpatient	K14.8	OTHER DISEASES OF TONGUE	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S39.011A	STRAIN MUSCLE FASCIA AND TENDON OF ABDOMEN INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	S76.111A	STRAIN RIGHT QUADRICEPS MUS FSC AND TENDON INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z80.3	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z80.3	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M79.604	PAIN IN RIGHT LEG	27536	OPTX TIBIAL FX PROX BICONDYLAR W/ WO INT FIXJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	Partially Denied	
EXCHNG	Inpatient	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTSB ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTSB ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria

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OCTAVE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB- SCCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.65	TYPE 2 DIABETES MELLITUS WITH HY- PERGLYCEMIA	65702070195	ACCU-CHEK GUIDE TEST STRIP	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	92522	EVALUATION OF SPEECH SOUND PRO- DUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY CERV RG	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.291A	OTH DISP FX OF UP END OF R HMRS INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3213	TYPE 2 DIAB W MILD NONP RTNOP W MACULAR EDEMA BI	J7312	Dexamethasone intra implant	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.071	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N95.0	POSTMENOPAUSAL BLEEDING	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N95.0	POSTMENOPAUSAL BLEEDING	52000	CYSTOURETHROSCOPY	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95715	VEEG BY TECH EA INCR 12-26 HR INTER- MITTENT MNTR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW- BORN, UNSPECIFIED	E0776	Iv pole	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW- BORN, UNSPECIFIED	B4035	Enteral feed supp pump per d	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW- BORN, UNSPECIFIED	B9002	Enter nutr inf pump any type	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW- BORN, UNSPECIFIED	B4149	Ef blenderized foods	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEW- BORN, UNSPECIFIED	B4088	Gastro/jejuno tube, low-pro	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PUR- PURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97016	APPL MODALITY 1/> AREAS VASOPNEU- MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRI- TIS, LEFT KNEE	J7320	Genvisc 850, inj, 1mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	R00.0	TACHYCARDIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R06.00	DYSYPNEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	R55	SYNCOPE AND COLLAPSE	93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K52.1	TOXIC GASTROENTERITIS AND COLITIS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K52.1	TOXIC GASTROENTERITIS AND COLITIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.331D	DISPL OBLIQUE FX SHAFT OF HUMER, R ARM, 7THD	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	49321	LAPAROSCOPY SURG W/BX SINGLE/ MULTIPLE	Denied	P2P Denied
BAAA	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	36558	INSJ TUNNELED CVC W/O SUBQ PORT/ PMP AGE 5 YR/>	Denied	P2P Denied
ASEPSE	Outpatient	F89	UNSPECIFIED DISORDER OF PSYCH DEVELOPMENT	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R48.0	DYSLEXIA AND ALEXIA	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C7A.090	MALIG CARCINOID TUMOR OF THE BRONCHUS AND LUNG	49321	LAPAROSCOPY SURG W/BX SINGLE/ MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C7A.090	MALIG CARCINOID TUMOR OF THE BRONCHUS AND LUNG	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K35.30	AQT APPENDICITIS LOC PERITONITIS, W/O PERF/GANGR	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	K70.30	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I70.229	ATHSCL NATIVE ART OF EXTRM W REST PAIN USP EXTRM	35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I70.229	ATHSCL NATIVE ART OF EXTRM W REST PAIN USP EXTRM	35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I70.229	ATHSCL NATIVE ART OF EXTRM W REST PAIN USP EXTRM	35666	BPG OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRNL ART	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7324	Orthovisc inj per dose	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.642	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G63	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PAD-DLE EDRL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G63	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G63	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M45.7	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.542	PAIN IN JOINTS OF LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.80	OTHER SHOULDER LESIONS, UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41130	GLOSSECTOMY HEMIGLOSSECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNTN	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J3262	Tocilizumab injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Administrative: Not a Covered Benefit
SKAI_BLUE	Inpatient	K91.870	POSTP HEMTOMA DGSTV SYS ORG FOL DGSTV SYS PROC	45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	Approved	Administrative Approval
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	0483T	TMVI W/PROSTHETIC VALVE PERCUTANEOUS APPROACH	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D01.3	CARCINOMA IN SITU OF ANUS AND ANAL CANAL	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G51.0	BELL'S PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G51.0	BELL'S PALSY	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.006A	UNSPECIFIED DLOC OF UNSPECIFIED PATELLA INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	R06.00	DYSYPNEA, UNSPECIFIED	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Partially Denied	
OCTAVE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
OCTAVE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Administrative Approval
OCTAVE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M76.31	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S83.012D	LATERAL SUBLUX OF LEFT PATELLA SB ENCOUNTER	L1833	Ko adj jnt pos r sup pre ots	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	S83.012D	LATERAL SUBLUX OF LEFT PATELLA SB ENCOUNTER	27429	LIGMOUS RCNSTJ AGMNTJ KNE IN-TRA-ARTICULAR XTR	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F90.2	ATN-DEFICIT HYPERACT DISORDER COMBINED TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.3521	TP 2 DIAB W PRLF RTNOP WTRCTN DTCH MACULA R EYE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.3521	TP 2 DIAB W PRLF RTNOP WTRCTN DTCH MACULA R EYE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S52.301A	UNSP FX SHAFT OF RIGHT RADIUS INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	L3000	Ft insert ucb berkeley shell	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	C82.35	FOLICLAR LYMPH GRADE IIIA NODES OF ING RG&LO LMB	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	R51.9	HEADACHE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4152	Ef calorie dense>=1.5kcal	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4034	Enter feed supkit syr by day	Approved	Met Medical Necessity Criteria
HA	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	G0283	Elec stim other than wound	Approved	Met Medical Necessity Criteria
HA	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L02.215	CUTANEOUS ABSCESS OF PERINEUM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.42	CHONDROMALACIA PATELLAE, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M22.42	CHONDROMALACIA PATELLAE, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	29876	ARTHROSCOPY KNEE SURG SYNOVECTOMY MAJ 2/>CMPRT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	29882	ARTHROSCOPY KNE SURG MENISCUS RPR MEDIAL/LATERAL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	29879	ARTHRS KNE SURG ABRASION ARTHRP/MLT DRLG/MICROFX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.2	CERVICALGIA	62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS UNSPECIFIED	J0791	Inj crizanlizumab-tmca 5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.301S	UNSP INJ MSL/FSC/TND POST GRP AT THI LV R THI SQ	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	S76.301S	UNSP INJ MSL/FSC/TND POST GRP AT THI LV R THI SQ	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S76.301S	UNSP INJ MSL/FSC/TND POST GRP AT THI LV R THI SQ	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S76.301S	UNSP INJ MSL/FSC/TND POST GRP AT THI LV R THI SQ	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	S76.301S	UNSP INJ MSL/FSC/TND POST GRP AT THI LV R THI SQ	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	S76.301S	UNSP INJ MSL/FSC/TND POST GRP AT THI LV R THI SQ	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
EXCHNG	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	E0652	Pneum compres w/cal pressure	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	E0667	Seg pneumatic appl full leg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5136	Inj. denosumab-bbdz, 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z94.1	HEART TRANSPLANT STATUS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z94.1	HEART TRANSPLANT STATUS	93356	MYOCDR STRAIN IMG SPECKLE TRCK ASSMT MYOCDR MECH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5136	Inj. denosumab-bbdz, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E0973	W/ch access det adj armrest	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2313	Pwc harness, expand control	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2298	Pwr seat elev sys for crt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	K0040	Adjustable angle footplate	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2377	Expandable controller, initl	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2300	Pwr seat elevation sys	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1012	Ctr mount pwr elev leg rest	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E0955	Cushioned headrest	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2311	Electro connect btw 2 sys	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2620	Wc planar back cush wd <22in	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2361	22nf sealed leadacid battery	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	K0835	Pwc gp2 std sing pow opt s/b	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S86.012D	STRAIN OF LEFT ACHILLES TENDON SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S86.012D	STRAIN OF LEFT ACHILLES TENDON SB ENCOUNTER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D61.818	OTHER PANCYTOPENIA	J2802	Inj, romiplostim 1 microgram	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5136	Inj. denosumab-bbdz, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	L3000	Ft insert ucb berkeley shell	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.271A	CMPLX TEAR OF LAT MENS CRNT INJ RIGHT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I97.648	POSTP SEROMA CIRC SYS ORG FOL OTH CIRC SYS PROC	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C15.9	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	S9122	Home health aide or certifie	Partially Denied	
ASEPSE	Outpatient	C15.9	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	C15.9	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	S9123	Nursing care in home rn	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0177	Inj, aflibercept hd, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J1299	Inj, eculizumab, 2 mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Partially Denied	
MEDICAREADV	Outpatient	I87.312	CHR VENOUS HYPERTENSION W ULCER OF L LOW EXTREM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.2	FISTULA OF INTESTINE	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Administrative Approval
ASEPSE	Outpatient	R60.0	LOCALIZED EDEMA	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R60.0	LOCALIZED EDEMA	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R60.0	LOCALIZED EDEMA	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R60.0	LOCALIZED EDEMA	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	0242U	TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.9	AORTIC ANEURYSM OF USP SITE WITHOUT RUPTURE	33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.9	AORTIC ANEURYSM OF USP SITE WITHOUT RUPTURE	33256	ABLATION & RCNSTJ ATRIA EXTNSV W/ BYPASS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.9	AORTIC ANEURYSM OF USP SITE WITHOUT RUPTURE	21627	STERNAL DEBRIDEMENT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G93.5	COMPRESSION OF BRAIN	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M41.9	SCOLIOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Administrative Approval
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20938	AUTOGRAFT SPINE SURGERY BICORT/ TRICORT SEP INC	Approved	Administrative Approval
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.572	MUS WASTING AND ATROPHY NEC LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.631	STIFFNESS OF RIGHT WRIST NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C7B.02	SECONDARY CARCINOID TUMORS OF LIVER	Q5101	Injection, zarxio	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E2311	Electro connect btw 2 sys	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E2377	Expandable controller, initl	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E2313	Pwc harness, expand control	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E2607	Skin pro/pos wc cus wd <22in	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E1032	Wheelchair joystick drive	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E0955	Cushioned headrest	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E1007	Pwr seat combo w/shear	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	K0861	Pwc gp3 std mult pow opt s/b	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	K0040	Adjustable angle footplate	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E1012	Ctr mount pwr elev leg rest	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E1033	Wheelchair hardware headrest	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E2298	Pwr seat elev sys for crt	Partially Denied	
ASEPSE	Outpatient	G83.21	MONOPLG UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	E2361	22nf sealed leadacid battery	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I83.12	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INF	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.819	VARICOSE VEINS OF UNSP LOWER EXTREMITY W PAIN	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	Approved	Administrative Approval
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	S31.819D	USP OPEN WOUND OF RIGHT BUTTOCK SUBS ENCNTR	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	Administrative Approval
BAAA	Inpatient	S31.819D	USP OPEN WOUND OF RIGHT BUTTOCK SUBS ENCNTR	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Approved	Administrative Approval
FEP	Outpatient	Z98.84	BARIATRIC SURGERY STATUS	43888	GSTR RSTCV PX OPEN RMVL & RPLCMT SUBQ PORT ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Q5006	Hospice in hospice facility	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Approved	Administrative Approval
BAAA	Outpatient	C81.90	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z85.818	PRSNL HX MAL NEOP SIT LIP ORAL CAV&PHARYNX	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z85.818	PRSNL HX MAL NEOP SIT LIP ORAL CAV&PHARYNX	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M25.561	PAIN IN RIGHT KNEE	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61526	CRNEC TRANSTEMPOR EXC CEREBELLO-PONTINE ANGLE TUM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
ASEPSE	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	Denied	Administrative: Insufficient Information
BAAA	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	20680	REMOVAL IMPLANT DEEP	Denied	Administrative: Insufficient Information
BAAA	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Denied	Administrative: Insufficient Information
EXCHNG	Inpatient	I69.354	HEMIPLGA FOL CEREBRAL INFRC AFF LEFT NDOM SD	99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Administrative Approval
EXCHNG	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Administrative Approval
EXCHNG	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	Administrative Approval
EXCHNG	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	Administrative Approval
EXCHNG	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	Approved	Administrative Approval
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.422D	SPRAIN OF LEFT ROTATOR CUFF CAPSULE SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I42.2	OTHER HYPERTROPHIC CARDIOMYOPATHY	33416	VENTRICULOMYOTOMY-MYECTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	I42.2	OTHER HYPERTROPHIC CARDIOMYOPATHY	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.098A	MECH COMPL OF OTHER INTERNAL JOINT PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M80.00XG	AGE-REL OSTEOPOR W CRNT PATH FX, UNSP SITE, 7THG	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M76.52	PATELLAR TENDINITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.02	SPONDYLOLYSIS, CERVICAL REGION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Partially Denied	
ASEPSE	Outpatient	M43.02	SPONDYLOLYSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M94.0	CHONDROSTAL JUNCTION SYNDROME [TIETZE]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	63020	LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC CERVICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S33.6XXA	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S72.22XA	DISPLACED SUBTROCHNT FRACTURE OF LEFT FEMUR INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S91.302A	USP OPEN WOUND LEFT FOOT INITIAL ENCOUNTER	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S91.302A	USP OPEN WOUND LEFT FOOT INITIAL ENCOUNTER	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S91.302A	USP OPEN WOUND LEFT FOOT INITIAL ENCOUNTER	A7000	Disposable canister for pump	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J9035	Bevacizumab injection	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E75.21	FABRY (-ANDERSON) DISEASE	J0180	Agalsidase beta injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64480	NJX AA&/STRD TFRML EPI CERVICAL/ THORACIC EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64479	NJX AA&/STRD TFRML EPI CERVICAL/ THORACIC 1 LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Administrative Approval
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Administrative Approval
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Administrative Approval
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2066	Breast gap flap reconst	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49616	RPR AA HERNIA RECR 3-10 CM NCRC8/ STRANGULATED	Approved	Administrative Approval
ASEPSE	Outpatient	R45.86	EMOTIONAL LABILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43333	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
FEP	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I70.322	ATHSCL UNSPTYPE BYP OF EXTRM W REST PAIN L LEG	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I70.322	ATHSCL UNSPTYPE BYP OF EXTRM W REST PAIN L LEG	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	H53.031	STRABISMIC AMBLYOPIA, RIGHT EYE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
OCTAVE	Outpatient	R01.1	CARDIAC MURMUR, UNSPECIFIED	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S82.52XA	DSP FX OF MED MALLEOLUS OF L TIB INI FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VER-TEBRAL SEGMENTS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE-RIAL GRAFT	Partially Denied	Administrative Approval
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Partially Denied	Administrative Approval
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G96.191	PERINEURAL CYST	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M15.4	EROSIVE (OSTEO)ARTHRITIS	21243	ARTHRP TMPRMAND JOINT W/PROS-THETIC REPLACEMENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M15.4	EROSIVE (OSTEO)ARTHRITIS	21196	RCNSTJ MNDBLR RAMI&/BDY SGT L SPLT W/INT RGD FI	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M15.4	EROSIVE (OSTEO)ARTHRITIS	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/ BONE GRAFTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.72	PERONEAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.91	SUPRVSN OF HIGH RISK PRG UNSP FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
EXCHNG	Inpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	Administrative Approval
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.01	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83002	GONADOTROPIN LUTEINIZING HORMONE	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	74740	HYSTEROSALPINGOGRAPHY RS&I	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83036	HEMOGLOBIN GLYCOSYLATED A1C	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84403	ASSAY OF TESTOSTERONE TOTAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84146	ASSAY OF PROLACTIN	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84702	GONADOTROPIN CHORIONIC QUANTITATIVE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	82670	ASSAY OF TOTAL ESTRADIOL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76830	US TRANSVAGINAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84144	ASSAY OF PROGESTERONE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84443	ASSAY OF THYROID STIMULATING HORMONE TSH	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S73.192D	OTHER SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	J1326	Inj, zolbetuximab-clzb, 2 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	V49.40XD	DRIVER INJURED IN COL W UNSP MV IN TRAF SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L03.213	PERIORBITAL CELLULITIS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I6781	ACUTE CEREBROVASCULAR INSUFFICIENCY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92520	LARYNGEAL FUNCTION STUDIES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	G91.9	HYDROCEPHALUS, UNSPECIFIED	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M94.0	CHONDROCALCIN JUNCTION SYNDROME (TIETZE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.311D	STR MSL/FASC/TND POST GRP AT THI LEV R THI SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S92.324D	NONDISP FX OF 2ND METATARSAL BONE, R FT, 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	Administrative Approval
OCTAVE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
OCTAVE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
OCTAVE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
BAAA	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Meets Primary Coverage Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Administrative Approval
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50785	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50948	LAPS URTRONEOCSTOST W/O CST-SC&URTRL STENT PLMT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M33.00	JUVENILE DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	J1569	Gammagard liquid injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	B4035	Enteral feed supp pump per d	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15778	IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H90.A31	MIX CND/SNRL HEAR LS,UNI,R EAR W RSTR HEAR CNTRA	69714	IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H90.A31	MIX CND/SNRL HEAR LS,UNI,R EAR W RSTR HEAR CNTRA	L8690	Aud osseo dev, int/ext comp	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	K86.1	OTHER CHRONIC PANCREATITIS	48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.312	TRIGGER THUMB, LEFT THUMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.1	PERFORATION OF INTESTINE (NONTRAUMATIC)	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.321	OT MENISCUS DRGM POST HORN OF MED MENISCUS R KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G82.50	QUADRIPLÉGIA, UNSPECIFIED	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G82.50	QUADRIPLÉGIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G82.50	QUADRIPLÉGIA, UNSPECIFIED	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q27.9	CONG MALFORM OF PERIPHERAL VASCULAR SYSTEM UNSP	17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	Denied	Administrative: Insufficient Information
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M10.00	IDIOPATHIC GOUT, UNSPECIFIED SITE	L3000	Ft insert ucb berkeley shell	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M10.00	IDIOPATHIC GOUT, UNSPECIFIED SITE	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFOR-MITIES OF HIP	27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.643	PAIN IN UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9208	Ifosfamide injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R60.0	LOCALIZED EDEMA	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R60.0	LOCALIZED EDEMA	L3000	Ft insert ucb berkeley shell	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI-NAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	J9267	Paclitaxel injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	J1308	Inj, famotidine, 0.25 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	Q5118	Inj., zirabev, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95800	SLP STDY UNATND W/HRT RATE/O2 SAT/ RESP/SLP TIME	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M17.9	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M17.9	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.13	RECURRENT HYPERSOMNIA	95800	SLP STDY UNATND W/HRT RATE/O2 SAT/ RESP/SLP TIME	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.7	FIBROMYALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58974	EMBRYO TRANSFER INTRAUTERINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89352	THAWING CRYOPRESERVED EMBRYO	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5620	Test socket below knee	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5940	Endo bk ultra-light material	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5637	Below knee total contact	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8470	Pros sock single ply bk	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5685	Below knee sus/seal sleeve	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5629	Below knee acrylic socket	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8420	Prosthetic sock multi ply bk	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5647	Below knee suction socket	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5987	Shank ft w vert load pylon	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5679	Socket insert w/o lock mech	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5301	Bk mold socket sach ft endo	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8440	Shrinker below knee	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5984	Endoskeletal axial rotation	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5910	Endo below knee alignable sy	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K11.8	OTHER DISEASES OF SALIVARY GLANDS	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	K11.8	OTHER DISEASES OF SALIVARY GLANDS	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	K11.8	OTHER DISEASES OF SALIVARY GLANDS	42420	EXC PRD TUM/PRD GLND TOT DS-J&PRSRV FACIAL NR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I37.0	NONRHEUMATIC PULMONARY VALVE STENOSIS	92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	W54.0XXA	BITTEN BY DOG, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L02.612	CUTANEOUS ABSCESS OF LEFT FOOT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Z98.1	ARTHRODESIS STATUS	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Z98.1	ARTHRODESIS STATUS	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.10	LATERAL EPICONDYLITIS, UNSPECIFIED ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19361	BREAST RECONSTRUCTION W/LATISSI-MUS DORSI FLAP	Approved	Administrative Approval
OCTAVE	Inpatient	Z47.1	AFTERCARE FOLLOWING JOINT RE-PLACEMENT SURGERY	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Administrative Approval
ABCBS	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	47564	LAPS SURG CHOLECSTC W/EXPL COM-MON DUCT	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	N18.4	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXIL-LARY NODE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
HA	Inpatient	S82.132A	DISP FX OF MED CONDYLE OF L TIB INI FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Administrative Approval
ASEPSE	Outpatient	Z15.01	GENETIC SUSCEPTIBILITY TO MALIG NEOP OF BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.809	OTHER MIGRAINE NOT INTRACT WITH-OUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Outpatient	M25.512	PAIN IN LEFT SHOULDER	73222	MRI ANY JT UPPER EXTREMITY W/CON-TRAST MATRL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G98.8	OTHER DISORDERS OF NERVOUS SYSTEM	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L97.522	NON-PRS CHR ULC OTH PRT L FT W FAT LAYER EXPOS	99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L97.522	NON-PRS CHR ULC OTH PRT L FT W FAT LAYER EXPOS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L97.522	NON-PRS CHR ULC OTH PRT L FT W FAT LAYER EXPOS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L97.522	NON-PRS CHR ULC OTH PRT L FT W FAT LAYER EXPOS	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L97.522	NON-PRS CHR ULC OTH PRT L FT W FAT LAYER EXPOS	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DIS-COG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J9022	Inj, atezolizumab,10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI-TIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L97.522	NON-PRS CHR ULC OTH PRT L FT W FAT LAYER EXPOS	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DIS-COG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M76.71	PERONEAL TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M84.421D	PTH FRACTURE R HUMERUS SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.13	RECURRENT HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	64612	CHEMODNRVTJ MUSC MUSC INNERVAT-ED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S72.302D	USP FX SHAFT OF L FEMUR SB FOR CLS FX ROUT HEAL	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.402D	USP SPRAIN OF LEFT SHOULDER JOINT SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N91.1	SECONDARY AMENORRHEA	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	Q21.12	PATENT FORAMEN OVALE	93580	PRQ TCAT CLSR CGEN INTRATRL COMU-NICAJ W/IMPLT	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M24.662	ANKYLOSIS, LEFT KNEE	27599	UNLISTED PROCEDURE FEMUR/KNEE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M24.662	ANKYLOSIS, LEFT KNEE	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z13.42	ECT SCR GLOBAL DEVELOPMENTAL DELAYS (MILESTONES)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	Administrative Approval
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N94.819	VULVODYNIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N94.819	VULVODYNIA, UNSPECIFIED	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PUR-PURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NE-PHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval
HA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S99.922A	USP INJURY OF LEFT FOOT INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S99.922A	USP INJURY OF LEFT FOOT INITIAL ENCOUNTER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Inpatient	S72.009A	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
OCTAVE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	Administrative Approval
OCTAVE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Administrative Approval
EXCHNG	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32650	THORACOSCOPY W/PLEURODESIS	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E10.8	TYPE 1 DIAB MEL WITH UNSPECIFIED COMPLICATIONS	J9381	Inj teplizumab mzwv 5 mcg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.13	RECURRENT HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.13	RECURRENT HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.13	RECURRENT HYPERSOMNIA	95805	MLT SLEEP LATENCY/MAINT OF WAKE-FULNESS STSG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N20.1	CALCULUS OF URETER	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.120	COM ROTATR-CUFF TEAR/RUPTR OF UNSP SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Administrative Approval
BAAA	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	Approved	Administrative Approval
BAAA	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	Approved	Administrative Approval
BAAA	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Administrative Approval
BAAA	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42145	PALATOPHARYNGOPLASTY	Approved	Administrative Approval
BAAA	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	Administrative Approval
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R47.1	DYSARTHRIA AND ANARTHRIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	K83.1	OBSTRUCTION OF BILE DUCT	47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K83.1	OBSTRUCTION OF BILE DUCT	47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	K63.2	FISTULA OF INTESTINE	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	Administrative Approval
OCTAVE	Inpatient	K63.2	FISTULA OF INTESTINE	44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	Approved	Administrative Approval
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	T81.42XS	INFCT FOL A PROC, DEEP INCISIONAL SRG SIT, SEQ	10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	96425	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	Approved	Administrative Approval
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R09.81	NASAL CONGESTION	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE- RIAL GRAFT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	21750	CLOSE MEDIAN STERNOTOMY SEP W/ WO DEBRIDEMENT SPX	Approved	Administrative Approval
ASEPSE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRI- TIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI- TIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATER- AL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.50	PAIN IN UNSPECIFIED JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.50	PAIN IN UNSPECIFIED JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Medical Benefit Drug	G37.81	MYELIN OLIGODENDROCYTE GLYCO- PROTEIN ANTIB DISEASE	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRD L NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S42.352D	DISPL COMMNT FX SHAFT OF HUMER, L ARM, 7THD	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN- TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	L97.215	NON-PRS CHR ULC OF R CALF W MSL W/O EVD OF NECR	S9123	Nursing care in home rn	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.3	OTHER DISEASES OF VOCAL CORDS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	M45.8	ANKLSNG SPONDYLITIS SACRAL AND SACROCOCCYGEAL RG	J3247	Inj secukinumab intrav 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9073	Inj cyclophos dr reddys 5 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9047	Injection, carfilzomib, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5136	Inj. denosumab-bbdz, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.602	PAIN IN LEFT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	N94.12	DEEP DYSPAREUNIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15778	IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.813	OBESITY, CLASS 3	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	42104	EXC LESION PALATE UVULA W/O CLOSURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	43246	EGD PERCUTANEOUS PLACEMENT GAS-TROSTOMY TUBE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z93.9	ARTIFICIAL OPENING STATUS, UNSPECIFIED	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Administrative Approval
ASEPSE	Outpatient	M21.42	FLAT FOOT [PES PLANUS] (ACQUIRED), LEFT FOOT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.411	NARCOLEPSY WITH CATAPLEXY	95805	MLT SLEEP LATENCY/MAINT OF WAKE-FULNESS TSTG	Partially Denied	
SKAI_BLUE	Outpatient	G47.411	NARCOLEPSY WITH CATAPLEXY	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
ASEPSE	Outpatient	S63.639A	SPRAIN OF INTERPHALANGEAL JT OF UNSP FINGER INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.8	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.8	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.8	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.32	MALIG NEOPLASM OF LOWER LOBE LEFT BRONC OR LUNG	J2506	Inj pegfilgrast ex bio 0.5mg	Partially Denied	
BAAA	Medical Benefit Drug	C34.32	MALIG NEOPLASM OF LOWER LOBE LEFT BRONC OR LUNG	J2468	Inj, palonosetron (posfrea)	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	Approved	Administrative Approval
SKAI_BLUE	Outpatient	O09.521	SUPRVSN OF ELDERLY MULTIGRAVIDA FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q93.52	PHELAN-MCDERMID SYNDROME	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	E04.1	NONTOXIC SINGLE THYROID NODULE	78014	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICATIONS OF SKIN, SUBCU	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	P2P Reconsideration
BAAA	Inpatient	C79.9	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	G93.6	CEREBRAL EDEMA	62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	Approved	Administrative Approval
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	G0152	Hhcp-serv of ot,ea 15 min	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9021	Inj, aspara, rylaze, 0.1 mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	D15.1	BENIGN NEOPLASM OF HEART	33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K52.89	OT NONINFECTIVE GASTRO-ENTERITIS&COLITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T81.42XA	INFCT FOL PROC, DEEP INCISIONAL SRG SITE, INIT	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G91.9	HYDROCEPHALUS, UNSPECIFIED	62223	CRTJ SHUNT VENTRICULO-PERIT- NEAL-PLEURAL TERMINUS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	J32.2	CHRONIC ETHMOIDAL SINUSITIS	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	J32.2	CHRONIC ETHMOIDAL SINUSITIS	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE- RIAL GRAFT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HAR- VEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Administrative Approval
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43239	EGD TRANSORAL BIOPSY SINGLE/MUL- TIPLE	Approved	Administrative Approval
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z87.820	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95715	VEEG BY TECH EA INCR 12-26 HR INTER-MITTENT MNTR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9380	Inj teclistamab cqyv 0.5 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.93	USP DISORDER OF VESTIBULAR FUNCTION BILATERAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S02.600B	FX UNSP PART OF BODY OF MANDIBLE UNSP SIDE 7THB	21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.19	OTHER DYSPHAGIA	B4034	Enter feed supkit syr by day	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R13.19	OTHER DYSPHAGIA	B4153	Ef hydrolyzed/amino acids	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.01	SEG AND SOMATIC DYSFUNCTION OF CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXILARY NODE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R32	UNSPECIFIED URINARY INCONTINENCE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria

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FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z36.9	ENCOUNTER FOR ANTENATAL SCREENING, UNSPECIFIED	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.612	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF L KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.321A	DISRP/DEHISC CLSR INT OP WND ABD WL MSL/FASC INI	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.321A	DISRP/DEHISC CLSR INT OP WND ABD WL MSL/FASC INI	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D46.Z	OTHER MYELODYSPLASTIC SYNDROMES	J0896	Inj luspatercept-aamt 0.25mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5130	In ear binaural hearing aid	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93655	ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93656	COMPRES EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15778	IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19328	REMOVAL INTACT BREAST IMPLANT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2067	Breast "stacked" diep/gap	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Partially Denied	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Partially Denied	
EXCHNG	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
EXCHNG	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42835	ADENOIDECTOMY SECONDARY<AGE 12	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M60.9	MYOSITIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30802	ABLTY SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.9	AORTIC ANEURYSM OF USP SITE WITHOUT RUPTURE	39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R57.0	CARDIOGENIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Administrative Approval
BAAA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Administrative Approval
BAAA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
BAAA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
BAAA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Administrative Approval
BAAA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Administrative Approval
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	Q75.009	CRANIOSYNOSTOSIS, UNSPECIFIED	61558	XTN CRANIECT MULTIPLE SUTURE CRA- NIOSYNOSTOSIS	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	Q75.009	CRANIOSYNOSTOSIS, UNSPECIFIED	20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2919	Inj, methylpred sod succ 5mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J7030	Normal saline solution infus	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.232A	CMPLX TEAR OF MEDIAL MENS CRNT INJ L KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.111A	POS DSP TYPE II DENS FRACTURE INIT FOR CLOS FX	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.111A	POS DSP TYPE II DENS FRACTURE INIT FOR CLOS FX	22318	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.111A	POS DSP TYPE II DENS FRACTURE INIT FOR CLOS FX	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.111A	POS DSP TYPE II DENS FRACTURE INIT FOR CLOS FX	22842	POSTERIOR SEGMENTAL INSTRUMENTA- TION 3-6 VRT SEG	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEU- Matic DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I67.5	MOYAMOYA DISEASE	B4152	Ef calorie dense>/=1.5kcal	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I67.5	MOYAMOYA DISEASE	B4035	Enteral feed supp pump per d	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN- TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.92XA	UNSPECIFIED FRACTURE OF LEFT HAND, INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J32.3	CHRONIC SPHENOIDAL SINUSITIS	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J32.3	CHRONIC SPHENOIDAL SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J32.3	CHRONIC SPHENOIDAL SINUSITIS	31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.521S	SPRAIN OF POS CRUCIATE LIGAMENT OF RIGHT KNEE SQ	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L89.623	PRESSURE ULCER OF LEFT HEEL, STAGE 3	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.579	PAIN IN USP ANKLE AND JOINTS OF USP FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.4	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15778	IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77336	CONTINUING MEDICAL PHYSICS CON-SLTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77470	SPECIAL TREATMENT PROCEDURE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0596	Injection, ruconest	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.001D	UNSPECIFIED SUBLUX OF RIGHT PATELA SUBS ENCTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <7	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	J9325	Inj talimogene laherparepvec	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.32	PEDIATRIC FEEDING DISORDER, CHRONIC	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44205	LAP COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.01	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R20.0	ANESTHESIA OF SKIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	Approved	Administrative Approval
ASEPSE	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J2919	Inj, methylpred sod succ 5mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Administrative Approval
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Administrative Approval
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Administrative Approval
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Administrative Approval

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SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R45.86	EMOTIONAL LABILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.852	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.852	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	61781	STRCTC CPTX ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D18.09	HEMANGIOMA OF OTHER SITES	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Administrative Approval
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Administrative Approval
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BYTECH MIN 8 CHANNELS	Approved	Administrative Approval
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S82.65XD	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J1100	Dexamethasone sodium phos	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9181	Etoposide injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9370	Vincristine sulfate 1 mg inj	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9260	Inj methotrexate sodium 50mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9000	Doxorubicin hcl injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9209	Mesna injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9073	Inj cyclophos dr reddys 5 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSONNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSONNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K59.4	ANAL SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41130	GLOSSECTOMY HEMIGLOSSECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.379	OT INTVRT DSC DEGEN LUMBSAC W/O LUM BK/LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I67.5	MOYAMOYA DISEASE	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
HA	Inpatient	I67.5	MOYAMOYA DISEASE	61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	Administrative Approval
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	Approved	Administrative Approval
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Administrative Approval
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	Administrative Approval
ASEPSE	Outpatient	S32.010D	WDG COMPRSN FX 1ST LUM VERT SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Met Medical Necessity Criteria

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EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	O75.9	COMPLICATION OF LABOR AND DELIVERY, UNSPECIFIED	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Q75.058	OTHER MULTI-SUTURE CRANIOSYNOS-TOSIS	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Q75.058	OTHER MULTI-SUTURE CRANIOSYNOS-TOSIS	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Q75.058	OTHER MULTI-SUTURE CRANIOSYNOS-TOSIS	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Q75.058	OTHER MULTI-SUTURE CRANIOSYNOS-TOSIS	15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Q75.058	OTHER MULTI-SUTURE CRANIOSYNOS-TOSIS	61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	Approved	Administrative Approval
EXCHNG	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D49.519	NEOPLASM OF UNSP BEHAVIOR OF UNSP KIDNEY	50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61520	CRNECTUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	Administrative Approval
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Administrative Approval
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J35.01	CHRONIC TONSILLITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.01	GLUTEAL TENDINITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.032D	DSP FX OF LAT END L CLAVIC SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R44.8	OTH SYMP & SIGNS W GEN SENSATIONS & PERCEPTIONS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N83.201	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N83.201	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	32674	THOROSCOPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
HA	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B9998	Enteral supp not otherwise c	Partially Denied	
HA	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4155	Ef incomplete/modular	Partially Denied	
HA	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4034	Enter feed supkit syr by day	Partially Denied	
HA	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4149	Ef blenderized foods	Partially Denied	
HA	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4088	Gastro/jejuno tube, low-pro	Partially Denied	
HA	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4160	Ef ped caloric dense>/=0.7kc	Partially Denied	
ABCBS	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/ NERVE SPARING	Approved	Administrative Approval
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G82.50	QUADRIPLÉGIA, UNSPECIFIED	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G82.50	QUADRIPLÉGIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G82.50	QUADRIPLÉGIA, UNSPECIFIED	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.302A	UNSP FRACTURE OF SHAFT OF HUMERUS LEFT ARM INIT	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.302A	UNSP FRACTURE OF SHAFT OF HUMERUS LEFT ARM INIT	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.91	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	20969	FREE OSTO FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	38724	CERVICAL LYPHAEDEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.211D	USP DSP FX SRG NK R HMRS SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R40.4	TRANSIENT ALTERATION OF AWARENESS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval
SKAI_BLUE	Inpatient	R40.4	TRANSIENT ALTERATION OF AWARENESS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Administrative Approval
SKAI_BLUE	Inpatient	R40.4	TRANSIENT ALTERATION OF AWARENESS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Administrative Approval
BAAA	Medical Benefit Drug	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	J9026	Inj. tarlatamab-dlle, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	76988	DX NTRAOP EPCAR CAR US CHD PLMT MNPJ&IMG ACQUISJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	48140	PNCRTCT DSTL STOT W/O PNCRTCOJE-JUNOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	49255	OMNTC EPIPLECTOMY RESCJ OMENTUM SPX	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD XTRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.462	EFFUSION, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.92XA	UNSPECIFIED FRACTURE OF LEFT HAND, INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.82	SOCIAL PRAGMATIC COMMUNICATION DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M24.151	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J2820	Sargramostim injection	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Administrative Approval
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.023A	INSTABILITY OF INTERNAL LEFT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15778	IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or siea flap	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	Administrative Approval
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	54200	INJECTION PEYRONIE DISEASE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.01	ENCNTR FOR SUPV OF NORMAL FIRST PREG FIRST TRI	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77470	SPECIAL TREATMENT PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	61635	TCAT PLMT IV STENT ICRA W/BALO ANGIO IF PFRMD	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB- SCCESS W/O BLEED	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB- SCCESS W/O BLEED	S2900	Robotic surgical system	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB- SCCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMI- NAL ILEUM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M24.152	OTHER ARTICULAR CARTILAGE DISOR- DERS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTA- TION 3-6 VRT SEG	Approved	Administrative Approval
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.8X2A	SPRAIN OF OTH SPECIFIED PARTS OF LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPNTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.341	TRIGGER FINGER, RIGHT RING FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Administrative Approval
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K92.1	MELENA	45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	Approved	Administrative Approval
ABCBS	Inpatient	K92.1	MELENA	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Administrative Approval
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.90	UNSP SYNOVITIS/TENOSYNOVITIS, UNSPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M51.361	OT INTVRT DISC DEGEN LUM RGN W LOW XTR PAIN ONLY	64483	NJX AA&STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	J9316	Pertuzu, trastuzu, 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	J1454	Inj fosnetupitant, palonoset	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	J9172	Docetaxel (docivyx), 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J7050	Normal saline solution infus	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9073	Inj cyclophos dr reddys 5 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 SQ CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	37565	LIGATION INTERNAL JUGULAR VEIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	64716	NEUROPLASTY &/TRANSPPOSITION CRANIAL NERVE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	42894	RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	64886	NERVE GRAFT HEAD/NECK >4 CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM/<	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.59	OT LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	H90.42	SNSRNRL HEAR L UNI L EAR W UNRES HEAR CNTRA SIDE	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	H90.42	SNSRNRL HEAR L UNI L EAR W UNRES HEAR CNTRA SIDE	81431	HEARING LOSS DUP/DEL ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.02	SEG AND SOMATIC DYSFUNCTION OF THORACIC REGION	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.02	SEG AND SOMATIC DYSFUNCTION OF THORACIC REGION	98941	CHIROPRACTIC MANIPULATIVE TX SPI-NAL 3-4 REGIONS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.02	SEG AND SOMATIC DYSFUNCTION OF THORACIC REGION	98943	CHIROPRACTIC MANIPLTV TX EXTRASPI-NAL 1/> REGION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.673	PAIN IN UNSPECIFIED FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96361	IV INFUSION HYDRATION EACH ADDI-TIONAL HOUR	Approved	Administrative Approval
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Approved	Administrative Approval
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J9255	Inj, methotrexate (accord)	Approved	Administrative Approval
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Administrative Approval
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Approved	Administrative Approval
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Administrative Approval
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	Approved	Administrative Approval
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	99238	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	Approved	Administrative Approval
ASEPSE	Outpatient	S93.325A	DLOC OF TARSOMETATARSAL JOINT OF LEFT FOOT INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S93.325A	DLOC OF TARSOMETATARSAL JOINT OF LEFT FOOT INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	K95.09	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	Administrative Approval
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT RE-PLACEMENT SURGERY	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.31	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	D47.1	CHRONIC MYELOPROLIFERATIVE DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD XTRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	C23	MALIGNANT NEOPLASM OF GALLBLADDER	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
HA	Outpatient	C23	NUCLEAR MEDICINE, HEART, PET IMAG	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22857	TOTAL DISC ARTHRP ANT SINGLE INTER-SPACE LUMBAR	Approved	Administrative Approval
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58350	CHROMOTUBATION OVIDUCT W/MATE-RIALS	Approved	Administrative Approval
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Administrative Approval
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE-RIAL GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	21750	CLOSE MEDIAN STERNOTOMY SEP W/ WO DEBRIDEMENT SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLAS-SIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.203D	OTH TEAR OF UNSP MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB-SCSS W/O BLEED	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB-SCSS W/O BLEED	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	R09.02	HYPOXEMIA	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Approved	Administrative Approval
HA	Inpatient	I42.2	OTHER HYPERTROPHIC CARDIOMYOPATHY	33416	VENTRICULOMYOTOMY-MYECTOMY	Approved	Administrative Approval
HA	Inpatient	I42.2	OTHER HYPERTROPHIC CARDIOMYOPATHY	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSEQUENT ENCOUNTER	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
EXCHNG	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSEQUENT ENCOUNTER	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Administrative Approval
EXCHNG	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSEQUENT ENCOUNTER	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSEQUENT ENCOUNTER	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Administrative Approval
EXCHNG	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSEQUENT ENCOUNTER	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
EXCHNG	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSEQUENT ENCOUNTER	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Administrative Approval
EXCHNG	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSEQUENT ENCOUNTER	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Administrative Approval
ABCBS	Inpatient	N83.201	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B9002	Enter nutr inf pump any type	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4155	Ef incomplete/modular	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4152	Ef calorie dense>=/1.5kcal	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4035	Enteral feed supp pump per d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.52	BURSITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	19301	MASTECTOMY PARTIAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXIL- LARY NODE	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Administrative Approval
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM- PRN CERVICAL 1 SEG	Approved	Administrative Approval
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VER- TEBRAL SEGMENTS	Approved	Administrative Approval
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Administrative Approval
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
ARSTATEPOLICE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SIN- GLE LOBE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	R61	GENERALIZED HYPERHIDROSIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Inpatient	N28.9	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	50545	LAPAROSCOPY RADICAL NEPHRECTO- MY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	Administrative Approval
EXCHNG	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Approved	Administrative Approval
EXCHNG	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	Approved	Administrative Approval
EXCHNG	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	36012	SLCTV CATH PLMT VEN SYS 2ND OR- DER/> SLCTV BRANC	Approved	Administrative Approval
OCTAVE	Outpatient	D472	MONOCLONAL GAMMOPATHY	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5136	Inj. denosumab-bbdz, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0169	Inj epinephrine (adrenalin)	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J2919	Inj, methylpred sod succ 5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.912	UNSPECIFIED SYNOVITIS/TENOSYNOVITIS, L SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J0640	Leucovorin calcium injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J9206	Irinotecan injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J9190	Fluorouracil injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.11	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.3	COMPLETE UTEROVAGINAL PROLAPSE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	Partially Denied	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	
EXCHNG	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	S9122	Home health aide or certify	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	S9127	Social work visit, in the ho	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	S9129	Occupational therapy, in the	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	S9128	Speech therapy, in the home,	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9128	Speech therapy, in the home,	Partially Denied	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9129	Occupational therapy, in the	Partially Denied	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9127	Social work visit, in the ho	Partially Denied	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	S9122	Home health aide or certify	Partially Denied	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	L97.929	NON-PRS CHR ULC USP PRT OF L LO LEG W USP SEVERT	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	L97.929	NON-PRS CHR ULC USP PRT OF L LO LEG W USP SEVERT	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	L97.929	NON-PRS CHR ULC USP PRT OF L LO LEG W USP SEVERT	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Administrative Approval
ASEPSE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Administrative Approval
ASEPSE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Administrative Approval
ASEPSE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Administrative Approval
ASEPSE	Outpatient	I83.819	VARICOSE VEINS OF UNSP LOWER EXTREMITY W PAIN	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43282	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/MESH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R05.3	CHRONIC COUGH	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PAD-DLE EDRL	Approved	Administrative Approval
ASEPSE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	Administrative Approval
ASEPSE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	Administrative Approval
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Q5005	Hospice, inpatient hospital	Approved	Administrative Approval
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	Administrative Approval
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q67.7	PECTUS CARINATUM	21620	OSTECTOMY STERNUM PARTIAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q67.7	PECTUS CARINATUM	21740	REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q67.7	PECTUS CARINATUM	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q43.9	CONGENITAL MALFORMATION OF INTESTINE UNSPECIFIED	46716	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	Q0138	Ferumoxytol, non-esrd	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.84	PELVIC MUSCLE WASTING	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	S88.119A	COM TRAUM AMP AT LV BETW KN&ANKL UNSP LO LEG INI	K0801	Pov group 1 hd 301-450 lbs	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	L03.116	CELLULITIS OF LEFT LOWER LIMB	J2543	Piperacillin/tazobactam	Approved	Met Medical Necessity Criteria
HA	Inpatient	T30.0	BURN OF USP BODY REGION USP DEGREE	16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/ SBSQ SMALL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.312	CHR VENOUS HYPERTENSION W ULCER OF L LOW EXTREM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D37.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.653G	NDSP FX OF MIDDLE PHLX OF LEFT MIDDLE FING 7THG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G90.A	POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME [POTS]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
FEP	Inpatient	S72.322A	DSP TRANS FRACTURE SHAFT OF LEFT FEMUR INIT	27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M86.661	OTHER CHRONIC OSTEOMYELIT RIGHT TIBIA AND FIBULA	27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	Approved	Administrative Approval
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.212D	STRAIN ADDUCTOR MUSC/FASC/TEND LEFT THIGH SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M92.519	JUVENILE OSTEOCHONDROSIS OF PROXIMAL TIB, USP LG	27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	Approved	Administrative Approval
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96401	CHEMOTX ADMN SUBQ/IM NON-HOR-MONAL ANTI-NEO	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIG-MOID JUNCTION	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S72.491E	OT FX LO END R FMR SB FOR OP FXTP I/2 ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	E66.812	OBESITY, CLASS 2	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI-NAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	S86.112D	STR MUSC/TEND POST GRP AT LOW LEG LEV L LEG SUBS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S86.112D	STR MUSC/TEND POST GRP AT LOW LEG LEV L LEG SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27486	REVJ TOTAL KNEE ARTHRP W/WO AL- GRFT 1 COMPONENT	Approved	Administrative Approval
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
BAAA	Inpatient	C78.6	SEC MALIG NEOP OF RETROPERITON AND PERITONEUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R41.844	FRONTAL LOBE AND EXECUTIVE FUNC- TION DEFICIT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.011A	STRAIN MUSCLE FSC AND TENDON OF RIGHT HIP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	G4003	Emergency med ss	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J2919	Inj, methylpred sod succ 5mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9209	Mesna injection	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9073	Inj cyclophos dr reddys 5 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9100	Cytarabine hcl 100 mg inj	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J1454	Inj fosnetupitant, palonoset	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	Q5110	Nivestym	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9260	Inj methotrexate sodium 50mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S82.254A	NONDISP COMMNT FX SHAFT OF RIGHT TIBIA INIT	27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44150	COLCT TOT ABDL W/O PRCTECT W/ ILEOST/ILEOPXTS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECIFIED	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECIFIED	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H34.8110	CENTRAL RETINAL VEIN OCCLS RIGHT EYE W MACU EDMA	J9035	Bevacizumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D37.4	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Administrative Approval

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EXCHNG	Inpatient	D37.4	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	47600	CHOLECYSTECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	R10.A2	FLANK PAIN, LEFT SIDE	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M65.4	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I15.9	SECONDARY HYPERTENSION, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	E0156	Walker seat attachment	Approved	Met Medical Necessity Criteria
HA	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	E0143	Walker folding wheeled w/o s	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J9171	Docetaxel injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J9073	Inj cyclophos dr reddys 5 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	

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ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D59.39	OTHER HEMOLYTIC-UREMIC SYNDROME	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M19.111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Q375	CLEFT HARD AND SOFT PALATE WITH UNIL CLEFT LIP	42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Q05.7	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.811	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I83.811	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W PAIN	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	E1399	Durable medical equipment mi	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECTJ	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	36200	INTRODUCTION CATHETER AORTA	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34709	PLACEMENT XTN PROSTH FOR ENDO-VASCULAR RPR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C44.92	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C44.92	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	41827	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C44.92	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C44.92	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C44.92	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C44.92	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C44.92	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	21193	RCNSTJ MNDBLR RAMI HRZNLT/VER/C/L OSTEOT W/O GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	S9379	Hit noc per diem	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	J1745	Infliximab not biosimil 10mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	J1448	Injection, trilaciclib, 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	J9022	Inj, atezolizumab, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C18.1	MALIGNANT NEOPLASM OF APPENDIX	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D44.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	Administrative Approval
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R33.9	RETENTION OF URINE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.332	TRIGGER FINGER, LEFT MIDDLE FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	K0861	Pwc gp3 std mult pow opt s/b	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E1012	Ctr mount pwr elev leg rest	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M77.8	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R55	SYNCOPE AND COLLAPSE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D51.9	VITAMIN B12 DEFICIENCY ANEMIA, UNSPECIFIED	J3420	Vitamin b12 injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5104	Injection, renflexis	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	L02.11	CUTANEOUS ABSCESS OF NECK	35901	EXCISION INFECTED NECK GRAFT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R19.7	DIARRHEA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PAD-DLE EDRL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H53.009	UNSPECIFIED AMBLYOPIA, UNSPECIFIED EYE	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	49615	RPR AA HERNIA RECR 3-10 CM REDUC-IBLE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.82	OTHER SHOULDER LESIONS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G37.3	ACTRANS MYELITIS IN DEMYELINATING DIS OF CNSL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67900	REPAIR BROW PTOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	Q5006	Hospice in hospice facility	Approved	Administrative Approval
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44960	APPENDEC RPTD APPENDIX ABSC/PRI-TONITIS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M19.019	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Administrative Approval
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	F31.2	BPLR DISORD CRNT EPSD MANIC SEVERE W PSYCH FEAT	H2013	Psych hlth fac svc, per diem	Approved	Administrative Approval
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5136	Inj. denosumab-bbdz, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	J2507	Pegloticase injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	J0791	Inj crizanlizumab-tmca 5mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M54.6	PAIN IN THORACIC SPINE	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M54.6	PAIN IN THORACIC SPINE	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M89.9	DISORDER OF BONE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	Approved	Met Medical Necessity Criteria
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	J9217	Leuprolide acetate suspnsion	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G25.0	ESSENTIAL TREMOR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.14	RADICULOPATHY, THORACIC REGION	64479	NJX AA&/STRD TFRML EPI CERVICAL/ THORACIC 1 LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G90.09	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	Z23	ENCOUNTER FOR IMMUNIZATION	90739	HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N94.19	OTHER SPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N94.19	OTHER SPECIFIED DYSpareunia	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	G0157	Hhc pt assistant ea 15	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	G0152	Hhcp-serv of ot,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Outpatient	N60.92	USP BENIGN MAMMARY DYSPLASIA OF LEFT BREAST	19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C17.9	MALIGNANT NEOPLASM OF SMALL INTESTINE USP	48150	PNCRTCT PROX STOT W/PANCREATOJE-JUNOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	L02.612	CUTANEOUS ABSCESS OF LEFT FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.351	HEMIPLGA FOL CEREB INFRG AFF RIGHT DOMINANT SIDE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N83.299	OTHER OVARIAN CYST, UNSPECIFIED SIDE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N83.299	OTHER OVARIAN CYST, UNSPECIFIED SIDE	52000	CYSTOURETHROSCOPY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Administrative Approval
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Approved	Administrative Approval
BAAA	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.18	FOLICU LYMPH GRADE II LYMPH NODES OF MLT SITES	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.18	FOLICU LYMPH GRADE II LYMPH NODES OF MLT SITES	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.6	PAIN IN THORACIC SPINE	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	Approved	Administrative Approval
ASEPSE	Inpatient	M54.6	PAIN IN THORACIC SPINE	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Administrative Approval
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	R39.14	FEELING OF INCOMPLETE BLADDER EMPTING	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.2	NODULES OF VOCAL CORDS	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S82.141A	DISPLACED BICONDYLAR FRACTURE RIGHT TIBIA INIT	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C54.9	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C54.9	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C54.9	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	J9267	Paclitaxel injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C54.9	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Administrative Approval
ASEPSE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Administrative Approval
ASEPSE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Administrative Approval
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9118	Inj. calaspargase pegol-mknl	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J33.0	POLYP OF NASAL CAVITY	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61736	LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	70558	MRI BRAIN OPEN INTRACRANIAL PX W/ CONTRAST MATL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61751	STRCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Medical Benefit Drug	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	Q5114	Inj ogivri 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.2	NODULES OF VOCAL CORDS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
HA	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	G0151	Hhpc-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
HA	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M65.262	CALCIFIC TENDINITIS, LEFT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	D68.2	HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS	81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Administrative Approval
SKAI_BLUE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.091A	MECH COMPL OF INTERNAL LEFT HIP PROSTHESIS INIT	27137	REVJ TOT HIP ARTHRP ACTBLR W/VO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.091A	MECH COMPL OF INTERNAL LEFT HIP PROSTHESIS INIT	27005	TENOTOMY HIP FLEXOR OPEN SEPA-RATE PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.21	FOLICU LYMPH GRADE III USP NODES OF HEAD FACE&NK	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.21	FOLICU LYMPH GRADE III USP NODES OF HEAD FACE&NK	Q5123	Inj. riabni, 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.21	FOLICU LYMPH GRADE III USP NODES OF HEAD FACE&NK	J9056	Inj, bendamustine, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C53.0	MALIGNANT NEOPLASM OF ENDOCR-VIX	Q5118	Inj., zirabev, 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.112A	STRAIN LEFT QUADRICEPS MUS FSC AND TENDON INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S66.123A	LAC FLX MUS/FSC/TND L MID FNGR AT WRS/HND LV INI	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S66.123A	LAC FLX MUS/FSC/TND L MID FNGR AT WRS/HND LV INI	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	S66.123A	LAC FLX MUS/FSC/TND L MID FNGR AT WRS/HND LV INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHESIS INIT	27137	REVJ TOT HIP ARTHRP ACTBLR W/VO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	G0283	Elec stim other than wound	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Administrative Approval
ASEPSE	Outpatient	R49.0	DYSPHONIA	92520	LARYNGEAL FUNCTION STUDIES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	E11.641	TYPE 2 DIAB MEL WITH HYPOGLYCEMIA WITH COMA	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.641	TYPE 2 DIAB MEL WITH HYPOGLYCEMIA WITH COMA	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	G0283	Elec stim other than wound	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R52	PAIN, UNSPECIFIED	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	R52	PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	K0823	Pwc gp 2 std cap chair	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I25.810	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I25.810	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.901	MIGRAINE UNSP NOT INTRACT WITH STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.901	MIGRAINE UNSP NOT INTRACT WITH STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M41.9	SCOLIOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N13.30	UNSPECIFIED HYDRONEPHROSIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N13.30	UNSPECIFIED HYDRONEPHROSIS	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N13.30	UNSPECIFIED HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N13.30	UNSPECIFIED HYDRONEPHROSIS	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Administrative Approval
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43283	LAPS ESOPHAGEAL LENGTHENING ADDL	Approved	Administrative Approval
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	50400	PYELOPLASTY SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	M25.562	PAIN IN LEFT KNEE	27536	OPTX TIBIAL FX PROX BICONDYLAR W/ WO INT FIXJ	Approved	Met Medical Necessity Criteria
HA	Inpatient	M25.562	PAIN IN LEFT KNEE	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	O36.5990	MAT CR FOR OT OR SUSP POR FETL GRTH USP TRI USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33866	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G25.0	ESSENTIAL TREMOR	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30802	ABL TJ SOFTISS INF TURBS UNI/BI SUPFC INTRAMURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HAR-VEST VEIN CABG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M80.00XG	AGE-REL OSTEOPOR W CRNT PATH FX, UNSP SITE, 7THG	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.82	OTHER SHOULDER LESIONS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.82	OTHER SHOULDER LESIONS, LEFT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S53.105A	UNSP DLOC OF LEFT ULNOHUMERAL JOINT INIT ENCNR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.60	STIFFNESS OF USP JOINT NOT ELSEWHERE CLASSIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.60	STIFFNESS OF USP JOINT NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.60	STIFFNESS OF USP JOINT NOT ELSEWHERE CLASSIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.60	STIFFNESS OF USP JOINT NOT ELSEWHERE CLASSIFIED	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19307	MAST MODF RAD W/AX LYMPH NOD W/ WO PECT/ALIS MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative Approval
HA	Inpatient	M48.56XA	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Partially Denied	Administrative Approval
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Administrative Approval
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33202	INSERTION EPICARDIAL ELECTRODE OPEN	Approved	Administrative Approval
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33411	RPLCMT AORTIC VALVE ANNULUS ENLARGEMENT NONC SINUS	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Administrative Approval
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S86.091D	OTH SPECIFIED INJ OF RIGHT ACHILLES TND SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.2	FISTULA OF INTESTINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.2	FISTULA OF INTESTINE	49020	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.2	FISTULA OF INTESTINE	49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	Administrative Approval
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	G93.5	COMPRESSION OF BRAIN	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Administrative Approval
BAAA	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Administrative Approval
ABCBS	Inpatient	D3A.00	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C83.50	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	J1626	Granisetron hcl injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	J9271	Inj pembrolizumab	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	J9177	Inj enfort vedo-ejfv 0.25mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	Administrative Approval
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5260	Hearing aid, digit, bin, ite	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R22.31	LOC SWELLING MASS AND LUMP RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M89.8X1	OTHER SPECIFIED DISORDERS OF BONE, SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M89.8X1	OTHER SPECIFIED DISORDERS OF BONE, SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R10.13	EPIGASTRIC PAIN	44055	CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	Approved	Administrative Approval
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M93.959	OSTEOCHONDROPATHY UNSPECIFIED UNSPECIFIED THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Administrative Approval
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E83.51	HYPOCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5006	Hospice in hospice facility	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.011	MIGRAINE WITHOUT AURA INTRACT WITH STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.011	MIGRAINE WITHOUT AURA INTRACT WITH STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.472	EFFUSION, LEFT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Administrative Approval
ASEPSE	Outpatient	F80.81	CHILDHOOD ONSET FLUENCY DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G04.90	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	S9129	Occupational therapy, in the	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	G04.90	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	G04.90	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	S9122	Home health aide or certifie	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	G04.90	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	S9128	Speech therapy, in the home,	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	G04.90	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria

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EXCHNG	Outpatient	G04.90	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	S9127	Social work visit, in the ho	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J1628	Inj., guselkumab, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M67.431	GANGLION, RIGHT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K11.7	DISTURBANCES OF SALIVARY SECRETION	J0587	Inj, rimabotulinumtoxinb	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S39.012A	STRAIN MUSCLE FSC AND TENDON OF LOWER BACK INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	J1569	Gammagard liquid injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.0	MALIGNANT NEOPLASM OF CECUM	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.0	MALIGNANT NEOPLASM OF CECUM	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H34.8310	TRIB RTNL VEIN OCLUSN RIGHT EYE W MACULAR EDEMA	J9035	Bevacizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S46.911A	STR UNSP MUSC/FSC/TEND AT SHLD/UP ARM R ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.10	UNILATERAL PRIMARY OSTEOARTH UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M1A.09X0	IDIO CHRONIC GOUT MULTIPLE SITES WITHOUT TOPHUS	J2507	Pegloticase injection	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z87.74	HISTORY OF CONG MALFORM OF HEART&CIRC SYS	33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	Approved	Administrative Approval
FEP	Outpatient	H90.42	SNSRNRL HEAR L UNI L EAR W UNRES HEAR CNTRA SIDE	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R19.05	PERIUMBILIC SWELLING, MASS OR LUMP	58925	OVARIAN CYSTECTOMY UNI/BI	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D72.818	OTHER DECREASED WHITE BLOOD CELL COUNT	Q5101	Injection, zarxio	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	27705	OSTEOTOMY TIBIA	Approved	Administrative Approval
ASEPSE	Outpatient	S93.401D	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J9395	Injection, fulvestrant	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M22.42	CHONDROMALACIA PATELLAE, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S81.802D	USP OPEN WOUND LEFT LOWER LEG SB ENCOUNTER	G0152	Hhcx-serv of ot,ea 15 min	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S81.802D	USP OPEN WOUND LEFT LOWER LEG SB ENCOUNTER	G0151	Hhcx-serv of pt,ea 15 min	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	44207	LAPS COLECTOMY PRTL W/COLOPXTST- MY LW ANAST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STE- NOSIS	33366	TRANSCATHETER TRANSAPICAL RE- PLACENT AORTIC VALVE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABIL- ITIES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECI- FIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z86.018	PERSONAL HISTORY OF OTHER BENIGN NEOPLASM	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PUR- PURA	J1569	Gammagard liquid injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PUR- PURA	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	M08.00	UNSP JUVENILE RHEUMATOID ARTHRI- TIS OF USP SITE	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	L10.0	PEMPHIGUS VULGARIS	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	J1568	Octagam injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	S9123	Nursing care in home rn	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Outpatient	C83.18	MANTLE CELL LYMPH LYMPH NODES OF MULTIPLE SITES	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	C83.18	MANTLE CELL LYMPH LYMPH NODES OF MULTIPLE SITES	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	C83.18	MANTLE CELL LYMPH LYMPH NODES OF MULTIPLE SITES	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	C83.18	MANTLE CELL LYMPH LYMPH NODES OF MULTIPLE SITES	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.59	OT LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F90.9	ATTENTION-DEFICIT HYPERACT DISORDER USP TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F90.9	ATTENTION-DEFICIT HYPERACT DISORDER USP TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.632	PAIN IN LEFT FOREARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R31.9	HEMATURIA, UNSPECIFIED	51570	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Q53.20	UNDESCENDED TESTICLE, UNSPECIFIED, BILATERAL	81229	CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.10	INTRADUCTAL CARCINOMA IN SITU OF USP BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	R06.83	SNORING	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.092D	INJ MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S46.092D	INJ MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z95.1	PRESENCE OF AORTOCORONARY BYPASS GRAFT	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H57.813	BROW PTOSIS, BILATERAL	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q66.01	CONGENITAL TALIPES EQUINOVARUS, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
OCTAVE	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Administrative Approval
OCTAVE	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
OCTAVE	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Approved	Administrative Approval
OCTAVE	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Administrative Approval
OCTAVE	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Administrative Approval
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	Administrative Approval
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Administrative Approval
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Administrative Approval
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41827	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	Approved	Administrative Approval
ASEPSE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD XTRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.551	MUSCLE WASTING AND ATROPHY, NEC, RIGHT THIGH	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.02	MEDIAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.662	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D39.10	NEOPLASM OF UNCERTAIN BEHAVIOR OF USP OVARY	58954	BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D39.10	NEOPLASM OF UNCERTAIN BEHAVIOR OF USP OVARY	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC AT-TACK, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9267	Paclitaxel injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9271	Inj pembrolizumab	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.10	MYALGIA, UNSPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI-NAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R32	UNSPECIFIED URINARY INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	J9317	Sacituzumab govitecan-hziy	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E85.1	NEUROPATHIC HEREDOFAMILIAL AMY-LOIDOSIS	J0225	Inj, vutrisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	E85.1	NEUROPATHIC HEREDOFAMILIAL AMY-LOIDOSIS	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z3A.37	37 WEEKS GESTATION OF PREGNANCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Medical Benefit Drug	K22.0	ACHALASIA OF CARDIA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITH- OUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITH- OUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITH- OUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M94.262	CHONDROMALACIA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Administrative Approval
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT RE- PLACEMENT SURGERY	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	Approved	Administrative Approval
ASEPSE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Administrative Approval
ASEPSE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPT ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Approved	Administrative Approval
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELOW C2 SEGMENT	Approved	Administrative Approval
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	Approved	Administrative Approval
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTA- TION 3-6 VRT SEG	Approved	Administrative Approval
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN- TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.872	OTH SYNOVITIS AND TENOSYNOVITIS LEFT ANKL AND FT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI-NAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FIND-ING OF LUNG FIELD	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB-CESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N83.9	NONINFLAMMATORY DIS OVARY FAL-LOP&BROAD LIGMT USP	49000	EXPLORATORY LAPAROTOMY CELIOTO-MY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N83.9	NONINFLAMMATORY DIS OVARY FAL-LOP&BROAD LIGMT USP	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	Q0138	Ferumoxytol, non-esrd	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.0	ATHEROSCLEROSIS OF AORTA	35638	BPG OTH/THN VEIN AORTOBI-ILIAC	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	8627009111	DEXCOM G6 RECEIVER	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	D16.9	BENIGN NEOPLASM OF BONE AND ART CARTILAGE USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C25.2	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND AB- SCCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	22842	POSTERIOR SEGMENTAL INSTRUMENTA- TION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J9063	Inj, elahere, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M89.021	ALGONEURODYSTROPHY, RIGHT UPPER ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	H02.834	DERMATOCHALASIS OF LEFT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES- TINE	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES- TINE	57305	CLSR RECTOVAGINAL FISTULA ABDOMI- NAL APPROACH	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q74.2	OTH CONGEN MALFORM OF LOWER LIMB INC PELV GIRDLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33999	UNLISTED PROCEDURE CARDIAC SURGERY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M80.88XA	OTH OSTEOPOR W CURRENT PATH FX VERTEBRA INIT	22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.04	SPINAL STENOSIS, THORACIC REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.04	SPINAL STENOSIS, THORACIC REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.04	SPINAL STENOSIS, THORACIC REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.04	SPINAL STENOSIS, THORACIC REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.04	SPINAL STENOSIS, THORACIC REGION	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	J1568	Octagam injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DIS-COG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Administrative Approval
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Administrative Approval
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
ASEPSE	Inpatient	C50.A1	MALIGNANT INFLAMMATORY NEOPLASM OF RIGHT BREAST	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Administrative Approval
ASEPSE	Inpatient	C50.A1	MALIGNANT INFLAMMATORY NEOPLASM OF RIGHT BREAST	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	Administrative Approval
ASEPSE	Inpatient	C50.A1	MALIGNANT INFLAMMATORY NEOPLASM OF RIGHT BREAST	96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	Approved	Administrative Approval
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	C15.9	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Q5010	Hospice home care in hospice	Approved	Administrative Approval
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D48.61	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	19301	MASTECTOMY PARTIAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L08.9	LOCAL INFECTION THE SKIN AND SUBCU TISSUE UNSP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N89.8	OTHER SPECIFIED NONINFLAMMATORY DISORD OF VAGINA	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0586	AbobotulinumtoxinA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.011	LOC-REL IDIO EPI W SEZ LOC ONST NTRCT W STAT EPI	61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4154	Ef spec metabolic noninherit	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4036	Enteral feed sup kit grav by	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	E0776	Iv pole	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	Administrative Approval
BAAA	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	Administrative Approval
BAAA	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32100	THORACOTOMY WITH EXPLORATION	Approved	Administrative Approval
HA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D69.0	ALLERGIC PURPURA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C18.1	MALIGNANT NEOPLASM OF APPENDIX	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N61.1	ABSCESS OF THE BREAST AND NIPPLE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	L89.150	PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L89.150	PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L89.150	PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	32999	UNLISTED PROCEDURE LUNGS & PLEURA	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LAN-GUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M45.6	ANKYLOSING SPONDYLITIS LUMBAR REGION	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M45.6	ANKYLOSING SPONDYLITIS LUMBAR REGION	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.307	OTHER MENISCUS DERANG USP MENIS-CUS LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KID-NEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTO-MY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	28810	AMPUTATION METATARSAL W/TOE SINGLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	28820	AMPUTATION TOE METATARSOPHALAN-GEAL JOINT	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	G0493	Rn care ea 15 min hh/hospice	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	G0151	Hhcn-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.32	PEDIATRIC FEEDING DISORDER, CHRONIC	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D3A.012	BENIGN CARCINOID TUMOR OF THE ILEUM	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DU-PUYTREN]	26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DU-PUYTREN]	20527	INJECTION ENZYME PALMAR FASCIAL CORD	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DU-PUYTREN]	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	S13.120D	SUBLUX OF C1/C2 CERVICAL VERTEBRAE SUBS ENCNR	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J3247	Inj secukinumab intrav 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D3A.8	OTHER BENIGN NEUROENDOCRINE TUMORS	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.899	OTH ENTHESOPATHIES OF USP LOW LIMB EXCLUDING FT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S32.401A	UNSP FRACTURE RIGHT ACETABULUM INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.324D	DLOC OF TARSOMETATARSAL JOINT OF RIGHT FOOT SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTA-TION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	J93.9	PNEUMOTHORAX, UNSPECIFIED	32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S82.871K	DSP PILON FX R TIBIA SUBS FOR CLOS FX W NONUNION	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S82.871K	DSP PILON FX R TIBIA SUBS FOR CLOS FX W NONUNION	27610	ARTHROTOMY ANKLE W/EXPL DRAIN-AGE/REMOVAL FB	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S82.871K	DSP PILON FX R TIBIA SUBS FOR CLOS FX W NONUNION	27607	INCISION LEG/ANKLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LAN-GUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Administrative Approval
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5255	Hearing aid, digit, mon, itc	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R41.9	UNSP SYMP&SIGNS W COGNITIVE FUNCTIONS&AWARENESS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C43.59	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	88342	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	C43.59	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	Denied	Did Not Meet Medical Necessity Criteria

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SKAI_BLUE	Outpatient	C43.59	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	0211U	ONC PAN-TUMOR DNA&RNA NEXT-GENERATION SEQUENCING	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	C43.59	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	88341	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	H60.11	CELLULITIS OF RIGHT EXTERNAL EAR	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50543	LAPAROSCOPY SURG PARTIAL NE-PHRECTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	G0283	Elec stim other than wound	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34709	PLACEMENT XTN PROSTH FOR ENDO-VASCULAR RPR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	37221	REVSC OPN/PROQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	37223	REVSC OPN/PROQ ILIAC ART W/STNT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J4A.9	CHRONIC LUNG ALLOGRAFT DYSFUNCTION, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.11	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INF	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	J1569	Gammagard liquid injection	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D41.01	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
HA	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Administrative Approval
ASEPSE	Outpatient	C50.512	MALIG NEOP OF LOWER-OUTER Q OF LEFT FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32999	UNLISTED PROCEDURE LUNGS & PLEURA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	Approved	Administrative Approval
MEDICAREADV	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CA-ROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Administrative Approval
MEDICAREADV	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CA-ROTID ARTERIES	36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	Approved	Administrative Approval
ASEPSE	Outpatient	M54.18	RADICULOPATHY, SACRAL AND SACRO-COCCYGEAL REGION	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.18	RADICULOPATHY, SACRAL AND SACRO-COCCYGEAL REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.18	RADICULOPATHY, SACRAL AND SACRO-COCCYGEAL REGION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.18	RADICULOPATHY, SACRAL AND SACRO-COCCYGEAL REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMI-NAL ILEUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D89.839	CYTOKINE RELEASE SYNDROME, GRADE UNSPECIFIED	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.0	TRISOMY 21 NONMOSAICISM	B4088	Gastro/jejuno tube, low-pro	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q90.0	TRISOMY 21 NONMOSAICISM	B4035	Enteral feed supp pump per d	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q90.0	TRISOMY 21 NONMOSAICISM	B4160	Ef ped caloric dense>/=0.7kc	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	R06.02	SHORTNESS OF BREATH	42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R06.02	SHORTNESS OF BREATH	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29826	SURGICAL ARTHROSCOPY SHO W/CORACOCARM LIGM RLS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29807	SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.020A	WEDGE COMPRSN FX SECOND LUMBAR VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.69	TYPE 2 DIAB MEL WITH OTHER SPECIFIED COMPL	E2402	Neg press wound therapy pump	Partially Denied	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.002D	UNSPECIFIED SUBLUX OF LEFT PATELLA SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97530	THERAPEUTIC ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0881	Darbepoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.4	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval

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ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Administrative Approval
ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	Administrative Approval
ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Administrative Approval
ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ASEPSE	Inpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Administrative Approval
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N13.70	VESICoureTERAL-REFLUX, UNSPECIFIED	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N13.70	VESICoureTERAL-REFLUX, UNSPECIFIED	50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N13.70	VESICoureTERAL-REFLUX, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N13.70	VESICoureTERAL-REFLUX, UNSPECIFIED	52287	CYSToureTHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F98.29	OTH FEEDING DISORD OF INFANCY & EARLY CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F98.29	OTH FEEDING DISORD OF INFANCY & EARLY CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F98.29	OTH FEEDING DISORD OF INFANCY & EARLY CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R53.1	WEAKNESS	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R09.02	HYPOXEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33427	VLVP MITRAL VALVE W/BYPASS RAD RCN-STJ W/WO RING	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	B4152	Ef calorie dense>=1.5kcal	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	B4036	Enteral feed sup kit grav by	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M86.471	CHR OSTEOMYELIT W DRAINING SINUS R ANKL AND FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
ASEPSE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
ASEPSE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Administrative Approval
ASEPSE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Administrative Approval
ASEPSE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Administrative Approval
ASEPSE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ASEPSE	Inpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Administrative Approval
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H34.8320	TRIB RTNL VEIN OCLUSN LEFT EYE W MACULAR EDEMA	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	E0776	Iv pole	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	B4152	Ef calorie dense>=1.5kcal	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	B4035	Enteral feed supp pump per d	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	B9002	Enter nutr inf pump any type	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R22.2	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	39220	RESECTION MEDIASTINAL TUMOR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R22.2	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	S82.301A	UNSP FX LOW END OF RIGHT TIBIA INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G71.00	MUSCULAR DYSTROPHY, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H44.2A1	DEGENERATV MYOPIA W CHOROIDAL NEOVAS R EYE	J2778	Ranibizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Administrative Approval
ASEPSE	Outpatient	G71.00	MUSCULAR DYSTROPHY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	G6017	Intrafraction track motion	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D16.9	BENIGN NEOPLASM OF BONE AND ART CARTILAGE USP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Administrative Approval
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38720	CERVICAL LYMPHADENECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R05.1	ACUTE COUGH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G92.00	IMMUNE EFFOR CL-ASSOC NUTOXICITY SYND, GRD USP	J3262	Tocilizumab injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N94.6	DYSMENORRHEA, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S52.201M	USP FX SHAFT OF R UL SB FOR OPN FX TP I/2 W NUN	20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S52.201M	USP FX SHAFT OF R UL SB FOR OPN FX TP I/2 W NUN	25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S52.201M	USP FX SHAFT OF R UL SB FOR OPN FX TP I/2 W NUN	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S52.201M	USP FX SHAFT OF R UL SB FOR OPN FX TP I/2 W NUN	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	R39.198	OTHER DIFFICULTIES WITH MICTURITION	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J0640	Leucovorin calcium injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	S0108	Mercaptopurine 50 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J9260	Inj methotrexate sodium 50mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	81232	DPYD GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	J9267	Paclitaxel injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0881	Darbepoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	V89.2XXA	PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.642	PAIN IN LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49188	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 10.1-20 CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/VO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/VO BIOPSY SPX	Approved	Administrative Approval
ASEPSE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49189	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 20.1-30 CM	Approved	Administrative Approval

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ASEPSE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	27043	EXCISION TUMOR SOFT TISSUE PEL-VIS&HIP SUBQ 3CM/>	Approved	Administrative Approval
HA	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	S83.004A	USP DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	27450	OSTEOTOMY FEMUR SHAFT/SUPRACON-DYLAR W/FIXATION	Approved	Administrative Approval
ABCBS	Inpatient	S83.004A	USP DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	Approved	Administrative Approval
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M25.561	PAIN IN RIGHT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Administrative Approval
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Administrative Approval
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.220	OT CERV DISC DISPLACMNT MID-CRV RG USP LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	41130	GLOSSECTOMY HEMIGLOSSECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	T2045	Hospice general care	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	J9271	Inj pembrolizumab	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	J9177	Inj enfort vedo-ejfv 0.25mg	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	J1626	Granisetron hcl injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G11.9	HEREDITARY ATAXIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K11.7	DISTURBANCES OF SALIVARY SECRETION	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	E0652	Pneum compres w/cal pressure	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	E0667	Seg pneumatic appl full leg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M71.022	ABSCESS OF BURSA, LEFT ELBOW	23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	T84.018D	BROKEN INT JOINT PROSTH OTHER SITE SUBS ENCNTR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S76.001A	UNSP INJ OF MUS FSC AND TENDON OF RIGHT HIP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAV-ING ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAV-ING ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	37226	REVSC OPN/PRQ FEM/POP W/STNT/AN-GIOP SM VSL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDI-NAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96374	THER PROPH/DX NJX IV PUSH SIN-GLE/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1INTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.642	PAIN IN LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	Z76.82	AWAITING ORGAN TRANSPLANT STATUS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	97607	NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFC10 10 SQ CM/<	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	35701	EXPLORATION N/FLWD SURG NECK ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	64716	NEUROPLASTY &/TRANSPPOSITION CRANIAL NERVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R53.1	WEAKNESS	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	19301	MASTECTOMY PARTIAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXILARY NODE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	H30.20	POSTERIOR CYCLITIS, UNSPECIFIED EYE	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J9000	Doxorubicin hcl injection	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9370	Vincristine sulfate 1 mg inj	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J1100	Dexamethasone sodium phos	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9209	Mesna injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9073	Inj cyclophos dr redds 5 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9181	Etoposide injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9260	Inj methotrexate sodium 50mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q67.7	PECTUS CARINATUM	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S52.571A	OTH INTARTIC FX LOWER END OF RIGHT RADIUS INIT	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M26.220	OPEN ANTERIOR OCCLUSAL RELATION- SHIP	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M26.220	OPEN ANTERIOR OCCLUSAL RELATION- SHIP	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/ BONE GRAFTS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M26.220	OPEN ANTERIOR OCCLUSAL RELATION- SHIP	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M26.220	OPEN ANTERIOR OCCLUSAL RELATION- SHIP	21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M26.220	OPEN ANTERIOR OCCLUSAL RELATION- SHIP	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z80.0	FAMILY HISTORY OF MALIG NEOP OF DIGESTIVE ORGANS	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI- TIS, RIGHT KNEE	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI- TIS, RIGHT KNEE	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.519A	SPRAIN OF ANT CRUCIATE LIGAMENT OF UNSP KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.519A	SPRAIN OF ANT CRUCIATE LIGAMENT OF UNSP KNEE INI	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.519A	SPRAIN OF ANT CRUCIATE LIGAMENT OF UNSP KNEE INI	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S83.203D	OTH TEAR OF UNSP MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2351	Inj ocrelizumab 1mg hya-ocsq	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D69.41	EVANS SYNDROME	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.810	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	35646	BPG OTH/THN VEIN AORTOBIFEMORAL	Approved	Administrative Approval
ASEPSE	Inpatient	I25.810	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	35540	BYPASS W/VEIN AORTOBIFEMORAL	Approved	Administrative Approval
ASEPSE	Outpatient	S92.901S	UNSPECIFIED FRACTURE OF RIGHT FOOT, SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9129	Occupational therapy, in the	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ASEPSE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M14.672	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIB-ULA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E83.52	HYPERCALCEMIA	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.011	MALIG NEOP OF NIPPLE AND AREOLA RIGHT FEM BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.011	MALIG NEOP OF NIPPLE AND AREOLA RIGHT FEM BREAST	J1626	Granisetron hcl injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	G81.91	HEMIPLEGIA USP AFFECTING RIGHT DOMINANT SIDE	S9128	Speech therapy, in the home,	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I87.1	COMPRESSION OF VEIN	37181	VENOUS ANASTOMOSIS OPEN SPLENO-RENAL DISTAL	Approved	Administrative Approval
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C64.9	MALIG NEOP OF UNSP KIDNEY EXCEPT RENAL PELVIS	Q5010	Hospice home care in hospice	Approved	Administrative Approval
BAAA	Medical Benefit Drug	Z3A.10	10 WEEKS GESTATION OF PREGNANCY	Q5119	Inj ruxience, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	52000	CYSTOURETHROSCOPY	Approved	Administrative Approval
ASEPSE	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	27043	EXCISION TUMOR SOFT TISSUE PEL-VIS&HIP SUBQ 3CM/>	Approved	Administrative Approval
ASEPSE	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.1	ADULT-ONSET STILL'S DISEASE	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	Z12.11	ECTR FOR SCREENING FOR MALIG NEOPLASM OF COLON	81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R11.0	NAUSEA	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G31.84	MILD COGN IMPAIRMENT UNCERTAIN/ UNKNOWN ETIOLOGY	J0174	Inj, lecanemab-irmb, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.91	UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.812	OBESITY, CLASS 2	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	R53.1	WEAKNESS	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	Administrative Approval
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.491D	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S60.851A	SUPERFICIAL FB OF RIGHT WRIST INITIAL ENCOUNTER	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I50.43	AC ON CHR COMB SYSTOLIC AND DIASTOLIC HRT FAIL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R55	SYNCOPE AND COLLAPSE	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.60	STIFFNESS OF USP JOINT NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	K62.89	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G54.0	BRACHIAL PLEXUS DISORDERS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection, onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R45.851	SUICIDAL IDEATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R47.81	SLURRED SPEECH	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.3	HYPERTROPHY OF NASAL TURBINATES	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N50.9	DISORDER OF MALE GENITAL ORGANS, UNSPECIFIED	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.632	STIFFNESS OF LEFT WRIST NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M19.111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M19.111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M19.111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M19.111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M19.111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D35.01	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	Z80.3	FAMILY HISTORY OF MALIGNANT NEO-PLASM OF BREAST	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M25.552	PAIN IN LEFT HIP	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.492D	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE SB ECTR	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N52.01	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFF	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R06.9	UNSPECIFIED ABNORMALITIES OF BREATHING	A4618	Breathing circuits	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q44.4	CHOLEDOCHAL CYST	47715	EXCISION CHOLEDOCHAL CYST	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G4730	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
SKAI_BLUE	Outpatient	G4730	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Partially Denied	
BAAA	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	G0283	Elec stim other than wound	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.85	DYSFUNCTION OF MULTIFIDUS MUSCLES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	R76.89	OTHER SPECIFIED ABN IMMUNOLOGICAL FINDINGS SERUM	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	L30.4	ERYTHEMA INTERTRIGO	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H66.005	AC SUPPR OTS MDA W/O SPN RUP EAR DRM RECUR L EAR	42830	ADENOIDECTOMY PRIMARY <AGE 12	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H66.005	AC SUPPR OTS MDA W/O SPN RUP EAR DRM RECUR L EAR	69436	TYMPANOSTOMY GENERAL ANESTHESIA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H66.005	AC SUPPR OTS MDA W/O SPN RUP EAR DRM RECUR L EAR	17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C49.A3	GI STROMAL TUMOR OF SMALL INTESTINE	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q67.6	PECTUS EXCAVATUM	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q67.6	PECTUS EXCAVATUM	64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNT	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	R00.1	BRADYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N73.4	FEMALE CHRONIC PELVIC PERITONITIS	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N10	ACUTE PYELONEPHRITIS	99234	HOSPITAL IP/OBS CARE SAME DATE SF/ LOW MDM 45 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R35.0	FREQUENCY OF MICTURITION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	35661	BPG OTH/THN VEIN FEMORAL-FEMORAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	Approved	Met Medical Necessity Criteria

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EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37232	REVSC OPN/PRQ TIB/PERO W/ANGIO-PLASTY UNI EA VSL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37224	REVSC OPN/PRG FEM/POP W/ANGIO-PLASTY UNI	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	R279	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.542	PAIN IN JOINTS OF LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22830	EXPLORATION SPINAL FUSION	Partially Denied	
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Partially Denied	
ASEPSE	Outpatient	I97.811	INTRAOP CEREBROVASCULAR INF DURING OTH SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E85.2	HEREDOFAMILIAL AMYLOIDOSIS, UNSPECIFIED	J0225	Inj, vutrisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.320	APHASIA FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M50.320	OT CERV DISC DEGENERATION MID-CRV RG USP LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.612	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF L KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22556	ARTHRD ANT INTERBODY MIN DSC THORACIC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	49905	OMENTAL FLAP INTRA-ABDOMINAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	H57.813	BROW PTOSIS, BILATERAL	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMMT XTRNL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.2	NODULES OF VOCAL CORDS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G97.82	OTH POSTPROC COMP AND DISORDERS OF NERVOUS SYS	10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	Approved	Administrative Approval
BAAA	Inpatient	G97.82	OTH POSTPROC COMP AND DISORDERS OF NERVOUS SYS	63707	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	Approved	Administrative Approval
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	D39.10	NEOPLASM OF UNCERTAIN BEHAVIOR OF USP OVARY	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	J9299	Injection, nivolumab	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	J9228	Ipilimumab injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/ SPHEN TISS RMVL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	95783	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.1	CERVICOBRACHIAL SYNDROME	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	

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BAAA	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	L08.9	LOCAL INFECTION THE SKIN AND SUBCU TISSUE UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITH-OUT RUPTURE, USP	34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K95.09	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	S52.042D	DISP FX OF CORONOID PRO OF L ULNA, 7THD	S9123	Nursing care in home rn	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	S52.042D	DISP FX OF CORONOID PRO OF L ULNA, 7THD	S9122	Home health aide or certifie	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E83.110	HEREDITARY HEMOCHROMATOSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Administrative Approval
BAAA	Inpatient	E83.110	HEREDITARY HEMOCHROMATOSIS	J0895	Deferoxamine mesylate inj	Approved	Administrative Approval
BAAA	Inpatient	E83.110	HEREDITARY HEMOCHROMATOSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.9	FEMALE GENITAL PROLAPSE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I05.9	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGFRF/STENT	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I05.9	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R06.00	DYSPNEA, UNSPECIFIED	G9680	Acute care congestive heart	Approved	Administrative Approval
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S82.851D	DSPTRMAL FX R LO LEG SB FOR CLOS FX W ROUT HEAL	27607	INCISION LEG/ANKLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S82.851D	DSPTRMAL FX R LO LEG SB FOR CLOS FX W ROUT HEAL	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PAD-DLE EDRL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N81.4	UTEROVAGINAL PROLAPSE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K22.0	ACHALASIA OF CARDIA	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K22.0	ACHALASIA OF CARDIA	32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	K22.0	ACHALASIA OF CARDIA	43288	ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K22.0	ACHALASIA OF CARDIA	44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K22.0	ACHALASIA OF CARDIA	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	43832	GASTROSTOMY OPEN W/CONSTJ GASTRIC TUBE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0486	Oral device/appliance cusfab	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D43.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN USP	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63082	VERTEBRAL CORPECTOMY DCM-PRN CERVICAL EA SEG	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Administrative Approval
ASEPSE	Outpatient	S52.502A	UNSP FRACTURE THE LOWER END OF LEFT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	Approved	Met Medical Necessity Criteria

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EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44211	LAPS COLCT TTL ABD W/PRCTECT ILEO-ANAL ANASTOMISIS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J0177	Inj, aflibercept hd, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H30.041	FOCAL CHORIORETIN INF MACU OR PARAMACULAR R EYE	J7312	Dexamethasone intra implant	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	31781	EXC TRACHEAL STENOSIS&ANAST CER-VICOTHORACIC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.812	OTHER SPECIFIED JOINT DISORDERS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C92.02	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE	Q5108	Injection, fulphila	Partially Denied	
BAAA	Medical Benefit Drug	C92.02	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE	Q5101	Injection, zarxio	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N20.1	CALCULUS OF URETER	50080	PERQ NL/PL LITHOTRP SIMPLE UP TO 2 CM 1 LOCATION	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	N20.1	CALCULUS OF URETER	50081	PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.242D	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J3247	Inj secukinumab intrav 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ABCBS	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z45.2	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N30.90	CYSTITIS, UNSPECIFIED WITHOUT HEMATURIA	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N30.90	CYSTITIS, UNSPECIFIED WITHOUT HEMATURIA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N30.90	CYSTITIS, UNSPECIFIED WITHOUT HEMATURIA	S9128	Speech therapy, in the home,	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N30.90	CYSTITIS, UNSPECIFIED WITHOUT HEMATURIA	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	62223	CRTJ SHUNT VENTRICULO-PERIT-NEAL-PLEURAL TERMINUS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C78.6	SEC MALIG NEOP OF RETROPERITON AND PERITONEUM	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	Z85.46	PERSONAL HISTORY OF MALIG NEO-PLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S12.100A	UNSP DISP FX OF 2ND CERV VERT INIT FOR CLOS FX	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S12.100A	UNSP DISP FX OF 2ND CERV VERT INIT FOR CLOS FX	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	V29.99XA	RIDER (DRIVER) OF OT MTRCY INJ IN USP TRAF, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ABCBS	Inpatient	K92.1	MELENA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	T84.298A	MECH COMPL OF INT FIX DEVICE OF OTH BONES INIT	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.298A	MECH COMPL OF INT FIX DEVICE OF OTH BONES INIT	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.298A	MECH COMPL OF INT FIX DEVICE OF OTH BONES INIT	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.298A	MECH COMPL OF INT FIX DEVICE OF OTH BONES INIT	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.298A	MECH COMPL OF INT FIX DEVICE OF OTH BONES INIT	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	G81.90	HEMIPLEGIA USP AFFECTING USP SIDE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
BAAA	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M41.34	THORACOGENIC SCOLIOSIS, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M41.34	THORACOGENIC SCOLIOSIS, THORACIC REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Administrative Approval
OCTAVE	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
SKAI_BLUE	Inpatient	S82.853A	DISPLACED TRMAL FRACTURE OF UNSP LOWER LEG INIT	4559F	1BODY TEMP MEAS>=35.5C IN 30-15 MINS POST ANESTH	Approved	Administrative Approval
FEP	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M94.262	CHONDROMALACIA, LEFT KNEE	27457	OSTEOT PROXTIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	S9328	Hit pain imp pump diem	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	J3490	Drugs unclassified injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S72.322N	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THN	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S72.322N	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THN	27472	RPR NON/MAL FEMUR DSTL H/N W/ ILIAC/AUTOG BONE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z38.2	SINGLE LIVEBORN INFANT USP AS TO PLACE OF BIRTH	99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PUR-PURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	D59.39	OTHER HEMOLYTIC-UREMIC SYNDROME	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIET-IC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	C18.1	MALIGNANT NEOPLASM OF APPENDIX	96548	INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C18.1	MALIGNANT NEOPLASM OF APPENDIX	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	C18.1	MALIGNANT NEOPLASM OF APPENDIX	96547	INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	P27.1	BRONCHOPULMONARY DYSPLASIA ORIGIN IN PERINAT PD	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD XTRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	A02.0	SALMONELLA ENTERITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43332	RPR PARAESOPH HIATAL HERNIA W/ LAPT W/O MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43197	ESOPHAGOSCOPY FLEXIBLE TRANSNA-SAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	22842	POSTERIOR SEGMENTAL INSTRUMENTA-TION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	76998	ULTRASONIC GUIDANCE INTRAOPER-ATIVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	D73.2	CHRONIC CONGESTIVE SPLENOMEGALY	38120	LAPAROSCOPIC SURGICAL SPLENEC-TOMY	Approved	Administrative Approval
ASEPSE	Outpatient	S63.003A	UNSP SUBLUX OF UNSPECIFIED WRIST AND HAND INIT	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G81.11	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z48.816	ECTR FOR SRG AFTCR FOL SURGERY ON THE GU SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.211	ULCERATIVE PROCTITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0174	Inj, lecanemab-irmb, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I83.93	ASYMPTOMATIC VARICOSE VEINS OF BI LOWER EXTREM	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I83.93	ASYMPTOMATIC VARICOSE VEINS OF BI LOWER EXTREM	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I83.93	ASYMPTOMATIC VARICOSE VEINS OF BI LOWER EXTREM	36470	INJECTION SCLEROSANT SINGLE INC-MPTNT VEIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	D12.4	BENIGN NEOPLASM OF DESCENDING COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	A9603	Inj, pafolacianine, 0.1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/ BONE GRAFTS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	21215	GRAFT BONE MANDIBLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M85.561	ANEURYSMAL BONE CYST, RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J93.83	OTHER PNEUMOTHORAX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97035	APPL MODALITY 1+ AREAS ULTRA- SOUND EA 15 MIN	Partially Denied	
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	Partially Denied	
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Partially Denied	
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Partially Denied	
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97112	THER PX 1/> AREAS EACH 15 MIN NEU- ROMUSC REEDUCA	Partially Denied	
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Partially Denied	
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPA- THY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI- TIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S82.892D	OTH FX L LOW LEG SUBS FOR CLOS FX W ROUNTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.9	NONRHEUMATIC AORTIC VALVE DISOR- DER, UNSPECIFIED	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Pharmacy Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C49.3	MALIG NEOPLASM OF CONN AND SOFT TISSUE OF THORAX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20926	Tissue grafts, other (eg, paratenon, fat, dermis)	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	49623	RMVL NONINFCT MESH/PROSTH AA/ PARASTOMAL HRNA RPR	Approved	Administrative Approval
OCTAVE	Inpatient	Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	Approved	Administrative Approval
OCTAVE	Inpatient	Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	Approved	Administrative Approval
OCTAVE	Inpatient	Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	49616	RPR AA HERNIA RECR 3-10 CM NCRC8/ STRANGULATED	Approved	Administrative Approval
OCTAVE	Inpatient	Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Administrative Approval
OCTAVE	Inpatient	Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	43332	RPR PARAESOPH HIATAL HERNIA W/ LAPT W/O MESH	Approved	Administrative Approval
OCTAVE	Inpatient	Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	49615	RPR AA HERNIA RECR 3-10 CM REDUCIBLE	Approved	Administrative Approval
OCTAVE	Inpatient	Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	43333	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	Approved	Administrative Approval
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M94.262	CHONDROMALACIA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	B27.90	INFECTIOUS MONONUCLEOSIS USP WITHOUT COMPL	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D89.813	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D89.813	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	J9038	Inj axatilimab-csfr 0.1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S82.841A	DISPLACED BIML FRACTURE RIGHT LOWER LEG INIT	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.111	FISTULA, RIGHT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.111	FISTULA, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Partially Denied	
SKAI_BLUE	Outpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	
SKAI_BLUE	Outpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	
SKAI_BLUE	Outpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Partially Denied	
SKAI_BLUE	Outpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	
SKAI_BLUE	Outpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	53460	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	64874	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	55180	SCROTOPLASTY COMPLICATED	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15750	FLAP NEUROVASCULAR PEDICLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-75 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	51102	ASPIRATION BLADDER INSERT SUPRA-PUBIC CATHETER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	F64.0	TRANSSEXUALISM	14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.42	LOOSE BODY IN KNEE, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M23.42	LOOSE BODY IN KNEE, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T81.9XXA	UNSPECIFIED COMPL OF PROCEDURE INITIAL ENCOUNTER	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F41.1	GENERALIZED ANXIETY DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4035	Enteral feed supp pump per d	Partially Denied	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4161	Ef ped hydrolyzed/amino acid	Partially Denied	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B9998	Enteral supp not otherwise c	Partially Denied	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4088	Gastro/jejuno tube, low-pro	Partially Denied	
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Administrative Approval
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Approved	Administrative Approval
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Administrative Approval
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62165	NUNDSC ICRA EXC PITUITRY TUM TRN-SNSL/SPHENOID	Approved	Administrative Approval
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J3055	Inj talquetamab-tgvs 0.25 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9380	Inj teclistamab cqyv 0.5 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9060	Cisplatin 10 mg injection	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9041	Injection, bortezomib, 0.1mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTA-TION 7-12 VRT SEG	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M41.24	OTHER IDIOPATHIC SCOLIOSIS, THORAC-IC REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44005	ENTEROLSS FRING INTSTINAL ADHE-SION SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44139	MOBLJ SPLENIC FLXR PFRMD CON-JUNCT W/PRTL COLCT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	58740	LYSIS OF ADHESIONS SALPINX/OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M84.552D	PTH FX IN NPL DIS L FEMUR SB FOR FX W ROUT HEAL	27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	L8619	Coch imp ext proc/contr rplc	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Administrative Approval
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R10.85	ABDOMINAL PAIN OF MULTIPLE SITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	G0283	Elec stim other than wound	Partially Denied	
EXCHNG	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M06.812	OTHER SPECIFIED RHEU ARTHRITIS LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.022A	POSTERIOR SUBLUX OF LEFT HUMERUS INITIAL ECTR	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	S43.022A	POSTERIOR SUBLUX OF LEFT HUMERUS INITIAL ECTR	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S43.022A	POSTERIOR SUBLUX OF LEFT HUMERUS INITIAL ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S86.002A	UNSPECIFIED INJURY OF LEFT ACHILLES TENDON INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.371	FOOT DROP, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0470	Rad w/o backup non-inv intfc	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	G0283	Elec stim other than wound	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	K35.33	AC APPENDICITIS W PERF LOC PERITON/ GANGR, WBSCS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERMOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERMOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.206D	UNSP TEAR OF UNSP MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R94.131	ABNORMAL ELECTROMYOGRAM [EMG]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBILATE PRTL/COMPL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30802	ABL TJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S63.8X1A	SPRAIN OF OTH PART OF RIGHT WRIST AND HAND INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S63.8X1A	SPRAIN OF OTH PART OF RIGHT WRIST AND HAND INIT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	R39.15	URGENCY OF URINATION	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	R39.15	URGENCY OF URINATION	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49616	RPR AA HERNIA RECR 3-10 CM NCRC8/ STRANGULATED	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.511	CRB INFRD D/T USP OCCLS OR STENOS R MID CRB ART	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	Q5106	Inj retacrit non-esrd use	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.32	CALCIFIC TENDINITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.531	PAIN IN RIGHT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.531	PAIN IN RIGHT WRIST	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Administrative Approval
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9370	Vincristine sulfate 1 mg inj	Approved	Administrative Approval
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Administrative Approval
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9260	Inj methotrexate sodium 50mg	Approved	Administrative Approval
BAAA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Administrative Approval
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S73.035A	OTHER ANTERIOR DLOC OF LEFT HIP INITIAL ECTR	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M20.22	HALLUX RIGIDUS, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M20.22	HALLUX RIGIDUS, LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D44.7	NEOP OF UNCRT BEHAV OF AORTIC BDY&OT PARAGANGLIA	52332	CYSTO W/INSERT URETERAL STENT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	D44.7	NEOP OF UNCRT BEHAV OF AORTIC BDY&OT PARAGANGLIA	49188	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 10.1-20 CM	Approved	Administrative Approval
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	76830	US TRANSVAGINAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	84144	ASSAY OF PROGESTERONE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89261	SPRM ISOL CPLX PREP INSEMINATION/ DX SEMEN ALYS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	83002	GONADOTROPIN LUTEINIZING HORMONE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	82670	ASSAY OF TOTAL ESTRADIOL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	58322	ARTIFICIAL INSEMINATION INTRA-UTER-INE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G44.209	TENSION-TYPE HEADACHE UNSPECIFIED NOT INTRACT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	S8490	100 insulin syringes	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	49000	EXPLORATORY LAPAROTOMY CELIOTOMY WWO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S32.463A	DISPLACED ASSOC TRANSV/POST FX UNSP ACETAB INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	B4152	Ef calorie dense>=1.5kcal	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	B9002	Enter nutr inf pump any type	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	B4035	Enteral feed supp pump per d	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHESIS INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.81	CHILDHOOD ONSET FLUENCY DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE-WHERE CLASSIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	C43.72	MALIGNANT MELANOMA OF LEFT LOWER LIMB INC HIP	J9298	Inj nivrol relatlimab 3mg/1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z86.69	PERSONAL HISTORY OF DIS OF NERVOUS SYS&SENSE ORG	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	J3315	Triptorelin pamoate	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.040A	WEDGE COMPRSN FX FOURTH LUMBAR VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95715	VEEG BY TECH EA INCR 12-26 HR INTER-MITTENT MNTR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G37.3	ACTRANS MYELITIS IN DEMYELINATING DIS OF CNSL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C06.80	MALIG NEOP OF OVRLP SITES OF UNSP PARTS OF MOUTH	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M53.82	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	63030	LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.10	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	T84.59XD	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	T84.59XD	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH SUBS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	T84.59XD	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH SUBS	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46257	HEMORRHOID NTRNL & XTRNL 1 COL-UMN W/FISSURECTO	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.110	INCMPL ROTATR-CUFF TEAR/RUPTR OF USP SHLD XTRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	Q5121	Inj. avsola, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G72.9	MYOPATHY, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	Administrative Approval
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Administrative Approval
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61781	STRCTC CPT ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K31.6	FISTULA OF STOMACH AND DUODENUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
HA	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35661	BPG OTH/THN VEIN FEMORAL-FEMORAL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M66.261	SPN RUPTURE OF EXTENSOR TENDONS RIGHT LOWER LEG	27599	UNLISTED PROCEDURE FEMUR/KNEE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	M66.261	SPN RUPTURE OF EXTENSOR TENDONS RIGHT LOWER LEG	27380	SUTURE INFRAPATELLAR TENDON PRIMARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.69	TYPE 2 DIAB MEL WITH OTHER SPECIFIED COMPL	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3511	TYPE 2 DIAB W PRLF DIAB RTNOP W MACU EDEMA R EYE	J7312	Dexamethasone intra implant	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	G96.08	OTHER CRANIAL CEREBROSPINAL FLUID LEAK	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	Approved	Administrative Approval
ABCBS	Inpatient	G96.08	OTHER CRANIAL CEREBROSPINAL FLUID LEAK	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	Administrative Approval
ABCBS	Inpatient	G96.08	OTHER CRANIAL CEREBROSPINAL FLUID LEAK	31256	NASAL/SINUS ENDOSCOPY W/MAXIL-LARY ANTROSTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Inpatient	Q676	PECTUS EXCAVATUM	64620	DSTRJ NEUROLYTIC AGENT INTERCOS-TAL NERVE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Q676	PECTUS EXCAVATUM	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOM-PLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.21	TYPE 2 DIAB MEL WITH DIABETIC NE-PHROPATHY	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M66.369	SPN RUPTURE OF FLEXOR TENDONS USP LOWER LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M66.369	SPN RUPTURE OF FLEXOR TENDONS USP LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	S43.432D	SUPER GLENOID LABRUM LESION OF L SHLD SUBS ECT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	S43.432D	SUPER GLENOID LABRUM LESION OF L SHLD SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	E03.9	HYPOTHYROIDISM, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	38724	CERVICAL LYMPHADEC MODIFIED RADI-CAL NECK DSJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria

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EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35656	BPG OTH/THN VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R41.81	AGE-RELATED COGNITIVE DECLINE	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.20	LESION OF ULNAR NERVE, UNSPECIFIED UPPER LIMB	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M67.912	USP DIS OF SYNOVIUM AND TENDON LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	T84.018S	BROKEN INTERNAL JOINT PROSTH OTH-ER SITE SEQUELA	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.531	PAIN IN RIGHT WRIST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	J3358	Ustekinumab, iv inject, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M43.22	FUSION OF SPINE, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	T84.039A	MECH LOOSENING OF UNSP INT PROSTH JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F90.0	ATTN-DEFCT HYPERACT DIS PREDOM INATTENTIVE TYPE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	L8680	Implt neurostim elctr each	Denied	Did Not Meet Medical Necessity Criteria

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SKAI_BLUE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	F84.0	AUTISTIC DISORDER	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58974	EMBRYO TRANSFER INTRAUTERINE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89261	SPRM ISOL CPLX PREP INSEMINATION/ DX SEMEN ALYS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89250	CUL OOCYTE/EMBRYO <4 DAYS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89254	OOCYTE ID FROM FOLLICULAR FLU	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89268	INSEMINATION OOCYTES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M53.2X8	SPINAL INSTABILITIES SACRAL & SACROCOCCYGEAL RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Administrative Approval
FEP	Outpatient	C79.9	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	S32.810A	MLT FX OF PELV W STBL DISRUPT OF PELV RING INIT	0GHS32Z	Insertion of Monitor Dev into Endocrine Gland, Perc Approach	Approved	Administrative Approval
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	M61.58	OTHER OSSIFICATION OF MUSCLE, OTHER SITE	27036	CAPSULECTOMY/CAPSULOTOMY HIP W/ RLS HIP FLXR MUSC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	F05	DELIRIUM DUE TO KNOWN PHYSIOLOGICAL CONDITION	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9208	Ifosfamide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S03.00XA	DISLOCATION OF JAW UNSP SIDE INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J0640	Leucovorin calcium injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J1120	Acetazolamid sodium injectio	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J9255	Inj, methotrexate (accord)	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96361	IV INFUSION HYDRATION EACH ADDI-TIONAL HOUR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	G0151	Hhcp-serv of pt,ea 15 min	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	S82.892A	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.81	MALIG NEOP OF OVRLP SITES OF R BRONC AND LUNG	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C34.81	MALIG NEOP OF OVRLP SITES OF R BRONC AND LUNG	12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.81	MALIG NEOP OF OVRLP SITES OF R BRONC AND LUNG	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C34.81	MALIG NEOP OF OVRLP SITES OF R BRONC AND LUNG	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C78.80	SECONDARY MALIG NEOPLASM OF USP DIGESTIVE ORGAN	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.109	MIGRAINE WITH AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
HA	Inpatient	G93.5	COMPRESSION OF BRAIN	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Met Medical Necessity Criteria
HA	Inpatient	G93.5	COMPRESSION OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
HA	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
HA	Inpatient	G93.5	COMPRESSION OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	E0431	Portable gaseous O2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J2820	Sargramostim injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.8	OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R51.9	HEADACHE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R51.9	HEADACHE, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.311	OTHER INSTABILITY, RIGHT SHOULDER	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.311	OTHER INSTABILITY, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.232A	CMPLX TEAR OF MEDIAL MENS CRNT INJ L KNEE INIT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	S83.232A	CMPLX TEAR OF MEDIAL MENS CRNT INJ L KNEE INIT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	S83.232A	CMPLX TEAR OF MEDIAL MENS CRNT INJ L KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.232A	CMPLX TEAR OF MEDIAL MENS CRNT INJ L KNEE INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.232A	CMPLX TEAR OF MEDIAL MENS CRNT INJ L KNEE INIT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M96.662	FX FEMUR FOL INSRT ORTHO IMP/PROS/BN PLT L LEG	27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3132	NEXDTVE AGE-REL MCLR DEGN BI INTERMED DRY STAGE	J9035	Bevacizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.81	OCCIPITAL NEURALGIA	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Administrative Approval
ASEPSE	Inpatient	M54.81	OCCIPITAL NEURALGIA	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Inpatient	M54.81	OCCIPITAL NEURALGIA	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Administrative Approval
ASEPSE	Inpatient	M54.81	OCCIPITAL NEURALGIA	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	R53.83	OTHER FATIGUE	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	J9063	Inj, elahere, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	H46.9	UNSPECIFIED OPTIC NEURITIS	62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	S30.12XS	CONTUSION OF GROIN, SEQUELA	10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	Approved	Administrative Approval
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

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ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.3	PANNICULITIS, UNSPECIFIED	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	O33.0	MAT CR FOR DSPRP D/T DEFORMITY OF MAT PELV BN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M79.661	PAIN IN RIGHT LOWER LEG	20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M79.661	PAIN IN RIGHT LOWER LEG	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.818	OTHER ULCERATIVE COLITIS WITH OTH-ER COMPLICATION	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N32.81	OVERACTIVE BLADDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMA-TOID FACTOR USP	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	19307	MAST MODF RAD W/AX LYMPH NOD W/ WO PECT/ALIS MIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	O35.12X0	MAT CR CHRMOSML ABNORMALITY FTS, TRISOMY 18, USP	Q5006	Hospice in hospice facility	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F90.0	ATTN-DEFCT HYPERACT DIS PREDOM INATTENTIVE TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.0	SUBMUCOUS LEIOMYOMA OF UTERUS	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.628	TYPE 2 DIAB MEL WITH OTHER SKIN COMPLICATIONS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.628	TYPE 2 DIAB MEL WITH OTHER SKIN COMPLICATIONS	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.628	TYPE 2 DIAB MEL WITH OTHER SKIN COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z80.0	FAMILY HISTORY OF MALIG NEOP OF DIGESTIVE ORGANS	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G93.49	OTHER ENCEPHALOPATHY	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.512	MUSCLE WASTING AND ATROPHY, NEC, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M65.141	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7325	Synvisc or synvisc-one	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Inpatient	Q28.2	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	61680	INTRACRANIAL ARVEN MALFRMJ SU-PRATENTRL SMPL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	Approved	Administrative Approval
ASEPSE	Outpatient	R27.0	ATAXIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M20.12	HALLUX VALGUS (ACQUIRED), LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection, onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	32673	THORACOSCOPY RESEXN THYMUS UNI/ BILATERAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	S2900	Robotic surgical system	Approved	Administrative Approval
EXCHNG	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Administrative Approval
EXCHNG	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Administrative Approval
BAAA	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E24.0	PITUITARY-DEPENDENT CUSHING'S DISEASE	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E24.0	PITUITARY-DEPENDENT CUSHING'S DISEASE	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E24.0	PITUITARY-DEPENDENT CUSHING'S DISEASE	62165	NUNDSC ICRA EXC PITUITRY TUM TRN-SNSL/SPHENOID	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.52	PSORIATIC ARTHRITIS MUTILANS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.52	PSORIATIC ARTHRITIS MUTILANS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L40.52	PSORIATIC ARTHRITIS MUTILANS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I63.10	CEREB INF DUE TO EMBOLISM OF UNSP PRECERB ARTERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C78.02	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J1823	Inj. inebilizumab-cdon, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9260	Inj methotrexate sodium 50mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1308	Inj, famotidine, 0.25 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9073	Inj cyclophos dr redds 5 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9266	Pegaspargase injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1200	Diphenhydramine hcl injectio	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4035	Enteral feed supp pump per d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4149	Ef blenderized foods	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B9998	Enteral supp not otherwise c	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4088	Gastro/jejuno tube, low-pro	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G09	SEQUELAE OF INFLMT DIS OF CENTRAL NERVOUS SYSTEM	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I63.511	CRB INFR C D/T USP OCCLS OR STENOS R MID CRB ART	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K22.2	ESOPHAGEAL OBSTRUCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
BAAA	Inpatient	T82.121A	DISPLACEMENT OF CARDIAC PULSE GENERATOR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	Z89.512	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	J36	PERITONSILLAR ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M25.512	PAIN IN LEFT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K81.0	ACUTE CHOLECYSTITIS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LAN- GUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92522	EVALUATION OF SPEECH SOUND PRO- Duction ARTICULATE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C16.0	MALIGNANT NEOPLASM OF CARDIA	Q5111	Injection, udenyca 0.5 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C16.0	MALIGNANT NEOPLASM OF CARDIA	Q5116	Inj., trazimera, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	Q21.3	TETRALOGY OF FALLOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ARSTATEPOLICE	Inpatient	Q21.3	TETRALOGY OF FALLOT	33477	TCAT PULMONARY VALVE IMPLANTA- TION PRQ APPROACH	Approved	Administrative Approval
EXCHNG	Inpatient	M86.362	CHRONIC MLTFOC OSTEOMYELIT LEFT TIBIA AND FIBULA	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M86.362	CHRONIC MLTFOC OSTEOMYELIT LEFT TIBIA AND FIBULA	27607	INCISION LEG/ANKLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOUL- DER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	F13.20	SEDATIVE HYPNOTIC OR ANXIOLYTIC DEPEND UNCOMP	H0010	Alcohol and/or drug services	Approved	Administrative Approval
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.861	OTHER SPECIFIED JOINT DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.861	OTHER SPECIFIED JOINT DISORDERS, RIGHT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M25.569	PAIN IN UNSPECIFIED KNEE	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	S9359	Hit anti-tnf per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J7040	Normal saline solution infus	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L97.822	NON-PRS CHR ULC OT PRT L LO LEG W FAT LYR EXPOS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L97.822	NON-PRS CHR ULC OT PRT L LO LEG W FAT LYR EXPOS	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L97.822	NON-PRS CHR ULC OT PRT L LO LEG W FAT LYR EXPOS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I87.1	COMPRESSION OF VEIN	34502	RECONSTRUCTION VENA CAVA ANY METHOD	Approved	Administrative Approval
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M67.819	OTH DISRD OF SYNOVIUM AND TENDON USP SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33269	EXCLUSION L ATR APPENDAGE THORA-COSCOPIC ANY METH	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIET-IC CELLS PER DONOR	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M80.00XA	AGE-REL OSTEOPOR W CRNT PATH FX UNSP SITE INIT	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	S9542	Ht inj noc per diem	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	J0584	Injection, burosumab-twza 1m	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33427	VLVP MITRAL VALVE W/BYPASS RAD RCN-STJ WWO RING	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33430	REPLACEMENT MITRAL VALVE W/CAR-DIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33257	ATRIA ABLATE & RCNSTJ W/OTHER PRO-CEDURE LIMITE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9047	Injection, carfilzomib, 1 mg	Approved	Administrative Approval
BAAA	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J1453	Fosaprepitant injection	Approved	Administrative Approval
BAAA	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9181	Etoposide injection	Approved	Administrative Approval
BAAA	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	Administrative Approval
BAAA	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9000	Doxorubicin hcl injection	Approved	Administrative Approval
BAAA	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9060	Cisplatin 10 mg injection	Approved	Administrative Approval
SKAI_BLUE	Outpatient	Z33.1	PREGNANT STATE, INCIDENTAL	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.80	DVTRCLI OF INTEST PRT USP W PERF&ABSCS W/O BLEED	S2900	Robotic surgical system	Approved	Administrative Approval
BAAA	Inpatient	K57.80	DVTRCLI OF INTEST PRT USP W PERF&ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q75.03	METOPIC CRANIOSYNOSTOSIS	61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	Approved	Administrative Approval
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Administrative Approval
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	43651	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	43652	LAPS SURG TRNSXJ VAGUS NRV SLCTV/ HILY SLCTV	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N81.10	CYSTOCELE, UNSPECIFIED	57280	COLPOPEXY ABDOMINAL APPROACH	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N81.10	CYSTOCELE, UNSPECIFIED	57288	SLING OPERATION STRESS INCONTINENCE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Administrative Approval
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S32.020A	WEDGE COMPRSN FX SECOND LUMBAR VERTEBRA INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E87.70	FLUID OVERLOAD, UNSPECIFIED	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.219D	STRAIN MUSC/FASC/TEND PRT BICEPS UNSP ARM SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C50.612	MALIG NEOP OF AXILLARY TAIL OF LEFT FEM BREAST	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C21.0	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	45100	BX ANORECTAL WALL ANAL APPROACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C21.0	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C21.0	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	46060	I&D ISCHIORECTAL/INTRAMURAL ABSC W/WO SETON	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	J38.4	EDEMA OF LARYNX	31541	LARGSC EXC TUM&/STRPG CORDS/ EPIGL MCRSCP/TLSCP	Approved	Administrative Approval
BAAA	Inpatient	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Medical Benefit Drug	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N04.9	NEPHROTIC SYNDROME WITH USP MORPHOLOGIC CHANGES	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	C78.89	SEC MALIG NEOPLASM OF OTHER DIGESTIVE ORGANS	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.89	SEC MALIG NEOPLASM OF OTHER DIGESTIVE ORGANS	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.89	SEC MALIG NEOPLASM OF OTHER DIGESTIVE ORGANS	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	S81.801 S	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S66.819A	STR MUSC/FASC/TEND AT WRS/HND LV UNSP HAND INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.132	POST-TRAUMATIC OSTEOARTHRITIS, LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.336B	DISP FX OF NK OF 5TH MC BN R HND INI FOR OPN FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M21.612	BUNION OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.92XD	SPRAIN OF USP SITE OF LEFT KNEE SUBS ENCNTR	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	S83.92XD	SPRAIN OF USP SITE OF LEFT KNEE SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Q5004	Hospice in snf	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5122	Inj, nyvepria	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	52005	CYSTO BLADDER W/URETERAL CATHE-TERIZATION	Approved	Administrative Approval

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ABCBS	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	Administrative Approval
ABCBS	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	50405	PYELOPLASTY COMPLICATED	Approved	Administrative Approval
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G37.3	ACT TRANS MYELITIS IN DEMYELINATING DIS OF CNSL	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Q5005	Hospice, inpatient hospital	Approved	Administrative Approval
ABCBS	Inpatient	K61.0	ANAL ABSCESS	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	Administrative Approval
HA	Inpatient	S22.081A	STABLE BURST FXT11-T12 VERT INIT FOR CLOS FX	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
HA	Inpatient	S22.081A	STABLE BURST FXT11-T12 VERT INIT FOR CLOS FX	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	S22.081A	STABLE BURST FXT11-T12 VERT INIT FOR CLOS FX	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N81.6	RECTOCELE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	Administrative Approval
BAAA	Inpatient	N81.6	RECTOCELE	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	Administrative Approval
BAAA	Inpatient	N81.6	RECTOCELE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	D64.9	ANEMIA, UNSPECIFIED	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M12.551	TRAUMATIC ARTHROPATHY, RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.972	UNSP SYNOVITIS/TENOSYNOVITIS LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M94.262	CHONDROMALACIA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Administrative Approval
ABCBS	Inpatient	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTA-TION 3-6 VRT SEG	Approved	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO-GENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S22.081D	STBL BURST FXT11-T12 VERT SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I60.31	NTRM SUBARACH HEM FROM R POST COMMUNICATING ART	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I60.31	NTRM SUBARACH HEM FROM R POST COMMUNICATING ART	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I60.31	NTRM SUBARACH HEM FROM R POST COMMUNICATING ART	75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I60.31	NTRM SUBARACH HEM FROM R POST COMMUNICATING ART	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I60.31	NTRM SUBARACH HEM FROM R POST COMMUNICATING ART	61635	TCAT PLMT IV STENT ICRA W/BALO ANGIO IF PFRMD	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I60.31	NTRM SUBARACH HEM FROM R POST COMMUNICATING ART	92928	PERQ TCAT PLMT NTRAC ST 1 LES 1+C SEGMENTS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I60.31	NTRM SUBARACH HEM FROM R POST COMMUNICATING ART	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSE-QUENT ENCOUNTER	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSE-QUENT ENCOUNTER	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSE-QUENT ENCOUNTER	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSE-QUENT ENCOUNTER	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSE-QUENT ENCOUNTER	22842	POSTERIOR SEGMENTAL INSTRUMENTA-TION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	S12.9XXD	FRACTURE NECK UNSPECIFIED SUBSE-QUENT ENCOUNTER	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I42.0	DILATED CARDIOMYOPATHY	K0606	Aed garment w elec analysis	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	I65.29	OCCCLUSION AND STENOSIS OF USP CAROTID ARTERY	37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.29	OCCCLUSION AND STENOSIS OF USP CAROTID ARTERY	37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.29	OCCCLUSION AND STENOSIS OF USP CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Q5118	Inj., zirabev, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Q5107	Inj mvasi 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J9263	Oxaliplatin	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Q5108	Injection, fulphila	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.8X2	OTHER DISORDERS OF PATELLA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M24.221	DISORDER OF LIGAMENT, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	A4239	Non-adju cgm supply allow	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5110	Nivestym	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N49.3	FOURNIER GANGRENE	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	Administrative Approval
ASEPSE	Inpatient	N49.3	FOURNIER GANGRENE	97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	Approved	Administrative Approval
ASEPSE	Inpatient	N49.3	FOURNIER GANGRENE	15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	Approved	Administrative Approval
ABCBS	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Administrative Approval
ABCBS	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Administrative Approval
ABCBS	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	Administrative Approval
ABCBS	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	63082	VERTEBRAL CORPECTOMY DCM-PRN CERVICAL EA SEG	Approved	Administrative Approval
ABCBS	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Administrative Approval
ABCBS	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
ABCBS	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ABCBS	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
OCTAVE	Inpatient	I87.1	COMPRESSION OF VEIN	21615	EXCISION 1ST &/CERVICAL RIB	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T82.856A	STENOSIS OF PERIPHERAL VASCULAR STENT INIT	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	Administrative Approval
SKAI_BLUE	Inpatient	T82.856A	STENOSIS OF PERIPHERAL VASCULAR STENT INIT	75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	Administrative Approval
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	D3A.8	OTHER BENIGN NEUROENDOCRINE TUMORS	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	Approved	Administrative Approval
ABCBS	Inpatient	K63.1	PERFORATION OF INTESTINE (NONTRAUMATIC)	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Administrative Approval
ASEPSE	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	42842	RADICAL RESECTION TONSIL W/O CLOSURE	Approved	Administrative Approval
ASEPSE	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	42890	LIMITED PHARYNGECTOMY	Approved	Administrative Approval
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	Approved	Administrative Approval
MEDICAREADV	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z98.1	ARTHRODESIS STATUS	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ABCBS	Inpatient	Z98.1	ARTHRODESIS STATUS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
ABCBS	Inpatient	Z98.1	ARTHRODESIS STATUS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
ABCBS	Inpatient	Z98.1	ARTHRODESIS STATUS	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
ABCBS	Inpatient	Z98.1	ARTHRODESIS STATUS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Administrative Approval
SKAI_BLUE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C7A.019	MALIG CARCINOID TUMOR OF THE SM INT UNSP PORTION	J1930	Lanreotide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32650	THORACOSCOPY W/PLEURODESIS	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VER-TEBRAL SEGMENTS	Approved	Administrative Approval
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32650	THORACOSCOPY W/PLEURODESIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUS- CULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	Approved	Administrative Approval
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
HA	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S99.191D	OTHER PHYSEAL FRACTURE OF RIGHT METATARSAL, 7THD	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S99.191D	OTHER PHYSEAL FRACTURE OF RIGHT METATARSAL, 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J9190	Fluorouracil injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	Q5118	Inj., zirabev, 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J0640	Leucovorin calcium injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J9206	Irinotecan injection	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K80.10	CALCULUS OF GALLBLADDER W CHR CHOLECYST W/O OBST	47600	CHOLECYSTECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	E11.3311	TYPE 2 DIAB W MOD NONP RTNOP W MACU EDEMA R EYE	J0178	Aflibercept injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	S82.102D	USP FX UP END OF L TIB SB FOR CLS FX W ROUT HEAL	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S86.012D	STRAIN OF LEFT ACHILLES TENDON SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	E0652	Pneum compres w/cal pressure	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	E0667	Seg pneumatic appl full leg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.642	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M67.449	GANGLION, UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.89	OTHER SPECIFIED SOFT TISSUE DISORDERS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.01	MEDIAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.366A	NDSP FX OF NECK OF FIFTH MC BONE RIGHT HAND INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M65.4	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAV- ING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	H34.8320	TRIB RTNL VEIN OCLUSN LEFT EYE W MACULAR EDEMA	J2777	Inj, faricimab-svoa, 0.1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M25.562	PAIN IN LEFT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.672	STIFFNESS OF LEFT ANKLE NOT ELSE- WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECI- FIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.20	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.372	OTHER INSTABILITY, LEFT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	R06.83	SNORING	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI- TIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K50.918	CROHN DISEASE UNSPECIFIED WITH OTHER COMPL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32674	THOROSCOPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Administrative Approval
ASEPSE	Outpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.219A	STRAIN MUSC/FASC/TEND PRT BICEPS UNSP ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	J2507	Pegloticase injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G31.85	CORTICOBASAL DEGENERATION	G0152	Hhcx-serv of ot,ea 15 min	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G31.85	CORTICOBASAL DEGENERATION	G0151	Hhcx-serv of pt,ea 15 min	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G31.85	CORTICOBASAL DEGENERATION	G0299	Hhs/hospice of rn ea 15 min	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLI-CATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S82.92XD	UNSP FX L LOW LEG SUBS FOR CLOS FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96416	CHEMOTX ADMN TO INIT PROLNG CHEMOTX NFUS PMP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2323	Natalizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R53.83	OTHER FATIGUE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	S9122	Home health aide or certifie	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	S9128	Speech therapy, in the home,	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	S9129	Occupational therapy, in the	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	S9127	Social work visit, in the ho	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.812	CROHN DIS OF BOTH SMALL AND LG INT W INTEST OBST	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.011A	STRAIN MUSCLE FSC AND TENDON OF RIGHT HIP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.811	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	T85.79XA	INF/INFLM REAC D/T OTH INT PROSTH DEV/GRFT INIT	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	T85.79XA	INF/INFLM REAC D/T OTH INT PROSTH DEV/GRFT INIT	63662	RMVL SPINAL NSTIM ELTRD PLATE/PAD-DLE INCL FLUOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Approved	Administrative Approval
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.321A	DISRP/DEHISC CLSR INT OP WND ABD WL MSL/FASC INI	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.542	PAIN IN JOINTS OF LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J1938	Inj, furosemide, 1 mg	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J1200	Diphenhydramine hcl injectio	Approved	Administrative Approval

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SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J1308	Inj, famotidine, 0.25 mg	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J3480	Inj potassium chloride	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J1100	Dexamethasone sodium phos	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J9201	In gemcitabine hcl nos 200mg	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J8540	Oral dexamethasone	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J3475	Inj magnesium sulfate	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J9060	Cisplatin 10 mg injection	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J7050	Normal saline solution infus	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J0185	Inj., aprepitant, 1 mg	Approved	Administrative Approval
SKAI_BLUE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	J2469	Palonosetron hcl	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M25.562	PAIN IN LEFT KNEE	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J98.4	OTHER DISORDERS OF LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	L40.53	PSORIATIC SPONDYLITIS	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58571	LAPSTOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C43.72	MALIGNANT MELANOMA OF LEFT LOW- ER LIMB INC HIP	J9298	Inj nivrol relatlimab 3mg/1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	L3808	Whfo, rigid w/o joints	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N94.6	DYSMENORRHEA, UNSPECIFIED	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	Z48.24	ECTR FOR AFTERCARE FOLLOWING LUNG TRANSPLANT	J1568	Octagam injection	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STE- NOSIS	33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STE- NOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M31.19	OTHER THROMBOTIC MICROANGIOP- ATHY	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0256	Alpha 1 proteinase inhibitor	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J9045	Carboplatin injection	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J9201	In gemcitabine hcl nos 200mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K62.3	RECTAL PROLAPSE	45130	EXC RCT PROCIDENTIA W/ANAST PERI- NEAL APPROACH	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	Q5106	Inj retacrit non-esrd use	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2329	Inj ublituximab-xiiy, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S61.019A	LACERAT W/O FB OF THMB W/O DAM-AGE TO NAIL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	27880	AMPUTATION LEG THROUGH TIBIA&FIB-ULA	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.634A	DISP FX OF DISTAL PHLX OF RIGHT RING FINGER INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N20.0	CALCULUS OF KIDNEY	52005	CYSTO BLADDER W/URETERAL CATHE-TERIZATION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N20.0	CALCULUS OF KIDNEY	52000	CYSTOURETHROSCOPY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N20.0	CALCULUS OF KIDNEY	50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PRO-CEDURE	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4088	Gastro/jejuno tube, low-pro	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4149	Ef blenderized foods	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4034	Enter feed supkit syr by day	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S62.617A	DISP FX OF PROX PHLX OF LEFT LITTLE FINGER INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.641	STIFFNESS OF RIGHT HAND NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.01	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.621	STIFFNESS OF RIGHT ELBOW NOT ELSE-WHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R50.9	FEVER, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Administrative Approval
ABCBS	Inpatient	R29.810	FACIAL WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	G80.8	OTHER CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9334	Inj efgart-alfa 2mg hya-qvfc	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXD	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S97.81XD	CRUSHING INJURY OF RIGHT FOOT SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z89.512	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND AB-SCCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND AB-SCCESS W/O BLEED	52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	S9126	Hospice care, in the home, p	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27507	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G80.9	CEREBRAL PALSY, UNSPECIFIED	J3490	Drugs unclassified injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G80.9	CEREBRAL PALSY, UNSPECIFIED	S9328	Hit pain imp pump diem	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M1A.4190	OTHER SEC CHRONIC GOUT UNSP SHLD WITHOUT TOPHUS	Q5006	Hospice in hospice facility	Approved	Administrative Approval
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria

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ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURB- NATE PRTL/COMPL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77336	CONTINUING MEDICAL PHYSICS CON- SLTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77300	BASIC RADIATION DOSIMETRY CALCU- LATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.1	MALIGNANT NEOPLASM OF SUPRA- GLOTTIS	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	62165	NUNDSC ICRA EXC PITUITRY TUM TRN- SNSL/SPHENOID	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	95958	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.B0	PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS, UNSP	J2329	Inj ublituximab-xiiy, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	K63.5	POLYP OF COLON	S2900	Robotic surgical system	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K63.5	POLYP OF COLON	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E27.9	DISORDER OF ADRENAL GLAND, UNSPECIFIED	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	Approved	Administrative Approval
ABCBS	Inpatient	Z93.3	COLOSTOMY STATUS	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Administrative Approval
ABCBS	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Administrative Approval
ABCBS	Inpatient	Z93.3	COLOSTOMY STATUS	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7326	Gel-one	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S82.192A	OTH FX UPPER END OF LEFT TIBIA INIT FOR CLOS FX	27536	OPTX TIBIAL FX PROX BICONDYLAR W/ WO INT FIXJ	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	S82.192A	OTH FX UPPER END OF LEFT TIBIA INIT FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Denied	Administrative: Insufficient Information
ABCBS	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/ STRANGULATED	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	Approved	Administrative Approval

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ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.512	MALIG NEOP OF LOWER-OUTER Q OF LEFT FEM BREAST	Q5114	Inj ogivri 10 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.512	MALIG NEOP OF LOWER-OUTER Q OF LEFT FEM BREAST	J9306	Injection, pertuzumab, 1 mg	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.519	PAIN IN UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	Q75.021	CORONAL CRANIOSYNOSTOSIS, UNILATERAL	61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	Approved	Administrative Approval
ABCBS	Inpatient	Q75.021	CORONAL CRANIOSYNOSTOSIS, UNILATERAL	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	Approved	Administrative Approval
ABCBS	Inpatient	Q75.021	CORONAL CRANIOSYNOSTOSIS, UNILATERAL	20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	Approved	Administrative Approval
FEP	Outpatient	F60.9	PERSONALITY DISORDER, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	F60.9	PERSONALITY DISORDER, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Denied	Did Not Meet Medical Necessity Criteria

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BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Administrative Approval
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRU- MENTATION	Approved	Administrative Approval
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Administrative Approval
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T14.91XA	SUICIDE ATTEMPT, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R44.9	UNSP SYMP & SIGNS W GEN SENS- ATIONS & PERCEPTIONS	32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R44.9	UNSP SYMP & SIGNS W GEN SENS- ATIONS & PERCEPTIONS	21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.8	MALIG NEOPLASM OF OVERLAPPING SITES OF LARYNX	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.8	MALIG NEOPLASM OF OVERLAPPING SITES OF LARYNX	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.8	MALIG NEOPLASM OF OVERLAPPING SITES OF LARYNX	77412	RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.8	MALIG NEOPLASM OF OVERLAPPING SITES OF LARYNX	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.8	MALIG NEOPLASM OF OVERLAPPING SITES OF LARYNX	77402	RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C32.8	MALIG NEOPLASM OF OVERLAPPING SITES OF LARYNX	77407	RADIATION TREATMENT DELIVERY LEVEL 2	Approved	Met Medical Necessity Criteria

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BAAA	Medical Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	J0175	Inj, donanemab-azbt, 2 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	Approved	Administrative Approval
OCTAVE	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	38724	CERVICAL LYPHAEDEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	60210	PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.374	OTHER INSTABILITY, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N18.31	CHRONIC KIDNEY DISEASE, STAGE 3A	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Administrative Approval
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M26.09	OTHER SPECIFIED ANOMALIES OF JAW SIZE	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M26.09	OTHER SPECIFIED ANOMALIES OF JAW SIZE	21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M26.09	OTHER SPECIFIED ANOMALIES OF JAW SIZE	20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	M26.09	OTHER SPECIFIED ANOMALIES OF JAW SIZE	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M26.09	OTHER SPECIFIED ANOMALIES OF JAW SIZE	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K35.32	AC APPENDICITIS PERF LOC PERITON/ GANGR W/O ABSCS	49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	Approved	Administrative Approval
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83002	GONADOTROPIN LUTEINIZING HORMONE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	82670	ASSAY OF TOTAL ESTRADIOL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84144	ASSAY OF PROGESTERONE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84702	GONADOTROPIN CHORIONIC QUANTITATIVE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84403	ASSAY OF TESTOSTERONE TOTAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76830	US TRANSVAGINAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84146	ASSAY OF PROLACTIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84443	ASSAY OF THYROID STIMULATING HORMONE TSH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	74740	HYSTEROSALPINGOGRAPHY RS&I	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83036	HEMOGLOBIN GLYCOSYLATED A1C	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9025	Azacididine injection	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9144	Daratumumab, hyaluronidase	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	O01.9	HYDATIDIFORM MOLE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C92.11	CHRONIC MYELOID LUK BCR/ABL-POSITIVE IN REMIS	81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C92.11	CHRONIC MYELOID LUK BCR/ABL-POSITIVE IN REMIS	81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C92.11	CHRONIC MYELOID LUK BCR/ABL-POSITIVE IN REMIS	81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77402	RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77470	SPECIAL TREATMENT PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77407	RADIATION TREATMENT DELIVERY LEVEL 2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	77336	CONTINUING MEDICAL PHYSICS CONSULT PR WK	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	T82.190A	MECH COMPL OF CARDIAC ELECTRODE INITIAL ECTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B9998	Enteral supp not otherwise c	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B4149	Ef blenderized foods	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B4034	Enter feed supkit syr by day	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B4155	Ef incomplete/modular	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B4160	Ef ped caloric dense>=/0.7kc	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	Administrative Approval
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I47.10	SUPRAVENTRICULAR TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNR	49013	PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	76098	RADIOLOGICAL EXAMINATION SURGI- CAL SPECIMEN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXIL- LARY NODE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38500	BX/EXC LYMPH NODE OPEN SUPERFI- CIAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97016	APPL MODALITY 1/> AREAS VASOPNEU- MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	52000	CYSTOURETHROSCOPY	Approved	Administrative Approval
ABCBS	Inpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	57288	SLING OPERATION STRESS INCONTINENCE	Approved	Administrative Approval
ABCBS	Inpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	Approved	Administrative Approval
ABCBS	Inpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	Approved	Administrative Approval
SKAI_BLUE	Inpatient	T82.857A	STENOSIS OF OTHER CARDIAC PROSTH DEV/GRFT INIT	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T82.857A	STENOSIS OF OTHER CARDIAC PROSTH DEV/GRFT INIT	33530	ROPTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K56.2	VOLVULUS	49010	EXPL RETROPERITONEUM W/WO BX SPX	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.112D	STRAIN LEFT QUADRICEPS MUS FSC AND TENDON SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49616	RPR AA HERNIA RECR 3-10 CM NCRC8/STRANGULATED	Approved	Administrative Approval
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Medical Benefit Drug	C24.8	MALIG NEOP OF OVERLAPPING SITES OF BILIARY TRACT	J2802	Inj, romiplostim 1 microgram	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	C24.8	MALIG NEOP OF OVERLAPPING SITES OF BILIARY TRACT	J0881	Darbepoetin alfa, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E76.1	MUCOPOLYSACCHARIDOSIS, TYPE II	J1743	Idursulfase injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.3	PANNICULITIS, UNSPECIFIED	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77412	RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77402	RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77407	RADIATION TREATMENT DELIVERY LEVEL 2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	77470	SPECIAL TREATMENT PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4035	Enteral feed supp pump per d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4149	Ef blenderized foods	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4088	Gastro/jejuno tube, low-pro	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B9998	Enteral supp not otherwise c	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9118	Inj. calaspargase pegol-mknl	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	I71.23	ANEURYSM OF THE DESCENDING THRC AORT W/O RUPTURE	33886	DLYD PLMT DSTL XTN PROSTH LVL LSA TO CELIAC ART	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M51.04	INTVRT DISC DISORDERS W MYELPATH THORACIC REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M51.04	INTVRT DISC DISORDERS W MYELPATH THORACIC REGION	63046	LAM FACECTECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C90.30	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMIS	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	37565	LIGATION INTERNAL JUGULAR VEIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	64716	NEUROPLASTY &/TRANSPPOSITION CRANIAL NERVE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	42894	RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 SQ CM	Approved	Met Medical Necessity Criteria

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BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM/<	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	64886	NERVE GRAFT HEAD/NECK >4 CM	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.402A	SPRAIN OF USP LIGAMENT OF LEFT ANKLE INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S93.402A	SPRAIN OF USP LIGAMENT OF LEFT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J0717	Certolizumab pegol inj 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9129	Occupational therapy, in the	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.632	STIFFNESS OF LEFT WRIST NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria

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FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	G6015	Radiation tx delivery imrt	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77407	RADIATION TREATMENT DELIVERY LEVEL 2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77412	RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77402	RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5136	Inj. denosumab-bbdz, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q82.5	CONGENITAL NON-NEOPLASTIC NEVUS	17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	J1071	Inj testosterone cypionate	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Administrative Approval
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria