

## Medical and Transplant Overview by Prior Authorization Approval or Denial 2nd Quarter 2025

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9075	Inj, cyclophosphamide, nos	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J1190	Dexrazoxane hcl injection	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	W34.00XA	ACC DISCHARGE FROM UNSP FIREARMS OR GUN INIT	62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHE- NOID	Approved	
ABCBS	Inpatient	W34.00XA	ACC DISCHARGE FROM UNSP FIREARMS OR GUN INIT	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	
ABCBS	Inpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	Approved	
ABCBS	Inpatient	H92.10	OTORRHEA, UNSPECIFIED EAR	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUP- TURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
ABCBS	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTESTINE	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
ABCBS	Inpatient	S36.039A	UNSPECIFIED LACERAT SPLEEN INITIAL ENCOUN- TER	A0436	Rotary wing air mileage	Approved	
ABCBS	Inpatient	S36.039A	UNSPECIFIED LACERAT SPLEEN INITIAL ENCOUN- TER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S36.039A	UNSPECIFIED LACERAT SPLEEN INITIAL ENCOUN- TER	A0431	Rotary wing air transport	Approved	

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ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	Approved	
ABCBS	Inpatient	G40.814	LENNOX-GASTAUT SYNDROME INTRACT W/O STATUS EPI	82009	KETONE BODYS QUALITATIVE	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHER-APY	J1190	Dexrazoxane hcl injection	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHER-APY	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHER-APY	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHER-APY	J9060	Cisplatin 10 mg injection	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHER-APY	J0208	Inj, pedmark, 100 mg	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ABCBS	Inpatient	S42.412A	DISPL SIMPLE SPCND FX W/O NTCND FX L HMRS INIT	24538	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	Approved	
ABCBS	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/ LAM	Approved	
ABCBS	Inpatient	Q89.9	CONGENITAL MALFORMATION, UNSPECIFIED	11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	Approved	
ABCBS	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	Approved	
ABCBS	Inpatient	R10.31	RIGHT LOWER QUADRANT PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.31	RIGHT LOWER QUADRANT PAIN	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
ABCBS	Inpatient	R10.31	RIGHT LOWER QUADRANT PAIN	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/ WA SPX	Approved	

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ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Approved	
ABCBS	Inpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ABCBS	Inpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Approved	
ABCBS	Inpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
ABCBS	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	Q5005	Hospice, inpatient hospital	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	C7A.020	MALIGNANT CARCINOID TUMOR OF THE APPENDIX	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9209	Mesna injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9208	Ifosfamide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9181	Etoposide injection	Approved	
ABCBS	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPEC-IFIED	70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	Approved	
ABCBS	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPEC-IFIED	70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATE-RIAL	Approved	
ABCBS	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPEC-IFIED	70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	Approved	
ABCBS	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPEC-IFIED	70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON-TRAST	Approved	
ABCBS	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPEC-IFIED	70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCON-TRAST	Approved	
ABCBS	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ABCBS	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	

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ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ABCBS	Inpatient	D27.0	BENIGN NEOPLASM OF RIGHT OVARY	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ABCBS	Inpatient	D27.0	BENIGN NEOPLASM OF RIGHT OVARY	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUP-TURE, USP	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUP-TURE, USP	34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	Approved	
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUP-TURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
ABCBS	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICA-TION	59514	CESAREAN DELIVERY ONLY	Approved	
ABCBS	Inpatient	Q676	PECTUS EXCAVATUM	64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	Approved	
ABCBS	Inpatient	Q676	PECTUS EXCAVATUM	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/ THRSC	Approved	
ABCBS	Inpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	27702	ARTHROPLASTY ANKLE W/IMPLANT	Approved	
ABCBS	Inpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	27687	GASTROCNEMIUS RECESSION	Approved	
ABCBS	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COM- PONENT	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/ MESH	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOG- RAPHY	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	Approved	
ABCBS	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COL- ECTOMY	Approved	
ABCBS	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ABCBS	Inpatient	N32.1	VESICOINTESTINAL FISTULA	51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	Approved	
ABCBS	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9100	Cytarabine hcl 100 mg inj	Approved	
ABCBS	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	

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ABCBS	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	Q62.11	CONGENITAL OCCLUSION OF URETEROPELVIC JUNCTION	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
ABCBS	Inpatient	Q62.11	CONGENITAL OCCLUSION OF URETEROPELVIC JUNCTION	50405	PYELOPLASTY COMPLICATED	Approved	
ABCBS	Inpatient	Q62.11	CONGENITAL OCCLUSION OF URETEROPELVIC JUNCTION	52332	CYSTO W/INSERT URETERAL STENT	Approved	
ABCBS	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
ABCBS	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	Approved	
ABCBS	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	61558	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOS- TOSIS	Approved	
ABCBS	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	Approved	
ABCBS	Inpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Inpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COM- PONENT	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE- LIZED	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDI- TIONAL	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	

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ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTR-SPC LUMBR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
ABCBS	Inpatient	N43.3	HYDROCELE, UNSPECIFIED	49525	RPR INGUN HERNIA SLIDING ANY AGE	Approved	
ABCBS	Inpatient	N43.3	HYDROCELE, UNSPECIFIED	55040	EXCISION HYDROCELE UNILATERAL	Approved	
ABCBS	Inpatient	N43.3	HYDROCELE, UNSPECIFIED	15778	IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Approved	
ABCBS	Inpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9181	Etoposide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9209	Mesna injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9208	Ifosfamide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	61538	CRANIOT LOBEC TEMPORAL LOBE W/ELECTRO-CORTCOGRPHY	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTER-SPACE	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	

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ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ABCBS	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COL-ECTOMY	Approved	
ABCBS	Inpatient	T84.51XA	INFECT/INFLM REAC D/T INT RIGHT HIP PROSTH INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	C49.22	MALIG NEOP OF CONN&SOFT TISS OF L LO LMB INC HIP	Q5006	Hospice in hospice facility	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTER-SPACE	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	



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ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
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	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ABCBS	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33256	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	Approved	
ABCBS	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	
ABCBS	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33255	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	Approved	
ABCBS	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	Approved	
ABCBS	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	Approved	
ABCBS	Inpatient	Q67.4	OTHER CONG DEFORMITIES OF SKULL FACE AND JAW	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	Approved	
ABCBS	Inpatient	Q67.4	OTHER CONG DEFORMITIES OF SKULL FACE AND JAW	21196	RCNSTJ MNDBLR RAMI&BDY SGT L SPLT W/INT RGD FI	Approved	
ABCBS	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58953	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	Approved	
ABCBS	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Approved	
ABCBS	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	G51.39	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
ABCBS	Inpatient	G51.39	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
ABCBS	Inpatient	G51.39	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
ABCBS	Inpatient	T81.328A	DISRUPT/DEHISC CLOSURE OT INT OP (SURG) WND INIT	57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	I70.203	UNSP ATHSCL NATIVE ARTERIES OF EXTREM BI LEGS	35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRO-NEAL	Approved	



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ABCBS	Inpatient	I70.203	UNSP ATHSCL NATIVE ARTERIES OF EXTREM BI LEGS	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	Z93.9	ARTIFICIAL OPENING STATUS, UNSPECIFIED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	Approved	
ABCBS	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
ABCBS	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	
ABCBS	Inpatient	K63.5	POLYP OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTO-MOSIS	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	N94.6	DYSMENORRHEA, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	M50.222	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	M50.222	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUC-TURAL	Approved	
ABCBS	Inpatient	M50.222	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVI-CAL 1 SEG	Approved	
ABCBS	Inpatient	M50.222	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M50.222	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Approved	
ABCBS	Inpatient	M50.222	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9075	Inj, cyclophosphamide, nos	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	

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ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J1190	Dexrazoxane hcl injection	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	C44.42	SQUAMOUS CELL CA OF SKIN OF SCALP AND NECK	11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	Approved	
ABCBS	Inpatient	C44.42	SQUAMOUS CELL CA OF SKIN OF SCALP AND NECK	15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ABCBS	Inpatient	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOS-TOMY	Approved	
ABCBS	Inpatient	I77.89	OTHER SPECIFIED DISORD OF ART AND ARTERIOLES	35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	Approved	
ABCBS	Inpatient	T84.50XA	INFECT/INFLM REAC D/T UNSP INT JOINT PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTER-SPACE	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
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	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	I05.9	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	

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ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	Approved	
ABCBS	Inpatient	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	Approved	
ABCBS	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
ABCBS	Inpatient	Q04.8	OTHER SPECIFIED CONGENITAL MALFORM OF BRAIN	61737	LITT LES ICR MLT TRAJECTORIES MLT/CPLX LESIONS	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	Approved	
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	S72.352K	DSP COMT FX SHAFT OF L FMR SB FOR CLS FX W NUN	27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	Approved	
ABCBS	Inpatient	S72.352K	DSP COMT FX SHAFT OF L FMR SB FOR CLS FX W NUN	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	
ABCBS	Inpatient	S72.352K	DSP COMT FX SHAFT OF L FMR SB FOR CLS FX W NUN	20680	REMOVAL IMPLANT DEEP	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9060	Cisplatin 10 mg injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J1190	Dexrazoxane hcl injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9190	Fluorouracil injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9000	Doxorubicin hcl injection	Approved	

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ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	63276	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
ABCBS	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ABCBS	Inpatient	S82.131A	DISP FX OF MED CONDYLE OF R TIB INIT FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	32666	THORACOSCOPY W/THERA WEDGE RESEXX INITIAL UNILAT	Approved	
ABCBS	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	Approved	
ABCBS	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	56630	VULVECTOMY RADICAL PARTIAL	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	Approved	
ABCBS	Inpatient	S82.842D	DISP BIML FX L LO LEG SB FOR CLOS FX W ROUT HEAL	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	
ABCBS	Inpatient	S82.842D	DISP BIML FX L LO LEG SB FOR CLOS FX W ROUT HEAL	20680	REMOVAL IMPLANT DEEP	Approved	

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ABCBS	Inpatient	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANAS-TOMOSIS	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	22899	UNLISTED PROCEDURE SPINE	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUC-TURAL	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOP-ATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REG-ULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDUL-LA & CORD	Approved	
ABCBS	Inpatient	G95.89	OTHER SPECIFIED DISEASES OF SPINAL CORD	63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHER-APY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J1190	Dexrazoxane hcl injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9370	Vincristine sulfate 1 mg inj	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9190	Fluorouracil injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9060	Cisplatin 10 mg injection	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21196	RCNSTJ MNDBLR RAMI&/BDY SGT L SPLT W/INT RGD FI	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61501	CRANIECTOMY FOR OSTEOMYELITIS	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	52000	CYSTOURETHROSCOPY	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/ WA SPX	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ABCBS	Inpatient	J45.901	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/ COLOSTOMY	Approved	
ABCBS	Inpatient	E43	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
ABCBS	Inpatient	S82.122A	DISP FX OF LAT CONDYLE OF L TIB INI FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	Approved	
ABCBS	Inpatient	T84.54XD	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ABCBS	Inpatient	Q21.11	SECUNDUM ATRIAL SEPTAL DEFECT	33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/ WO PATCH	Approved	
ABCBS	Inpatient	M26.4	MALOCCLUSION, UNSPECIFIED	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	Approved	
ABCBS	Inpatient	M26.4	MALOCCLUSION, UNSPECIFIED	21196	RCNSTJ MNDBLR RAMI&BDY SGT L SPLT W/INT RGD FI	Approved	
ABCBS	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	



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ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	
ABCBS	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDUL- LA & CORD	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU- DICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU- DICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU- DICATION	22830	EXPLORATION SPINAL FUSION	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU- DICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	D48.0	NEOPLASM OF UNCERTAIN BEHAV OF BONE/ARTIC CARL	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Approved	
ABCBS	Inpatient	D48.0	NEOPLASM OF UNCERTAIN BEHAV OF BONE/ARTIC CARL	27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	Approved	
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICRO- SCOPE	Approved	
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTO- MOSIS	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	C23	MALIGNANT NEOPLASM OF GALLBLADDER	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
ABCBS	Inpatient	C23	NUCLEAR MEDICINE, HEART, PET IMAG	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU- DICATION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU- DICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU- DICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU- DICATION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ABCBS	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ABCBS	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61781	STRCTCT CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
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	
ABCBS	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ABCBS	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	62100	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	Approved	
ABCBS	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9181	Etoposide injection	Approved	
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9208	Ifosfamide injection	Approved	
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9209	Mesna injection	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	11008	RMVL PROSTC MATRL/MESH ABDL WALL FOR INFECTION	Approved	
ABCBS	Inpatient	N75.1	ABSCESS OF BARTHOLIN'S GLAND	56637	VULVECTOMY RAD COMPL BI INGUINOFEM LYMPHADEN	Approved	
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
ABCBS	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	38572	LAPS BI TOT PEL LMPHADEN & PRI-AORTIC LYMPH BX 1	Approved	
ABCBS	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	Approved	
ABCBS	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Approved	
ABCBS	Inpatient	D12.5	BENIGN NEOPLASM OF SIGMOID COLON	44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	21196	RCNSTJ MNDBLR RAMI&/BDY SGT L SPLT W/INT RGD FI	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	21497	INTERDENTAL WIRING OTHER THAN FRACTURE	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTI-LAGE GRF	Approved	
ABCBS	Inpatient	M26.04	MANDIBULAR HYPOPLASIA	20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	Approved	
ABCBS	Inpatient	K75.0	ABSCESS OF LIVER	47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/ RMVL ST1	Approved	
ABCBS	Inpatient	K75.0	ABSCESS OF LIVER	47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	Approved	
ABCBS	Inpatient	K75.0	ABSCESS OF LIVER	47010	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/ COLOSTOMY	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ABCBS	Inpatient	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	
ABCBS	Inpatient	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHER-APY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Approved	
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Approved	
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Approved	
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	23335	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	Approved	
ABCBS	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMO-NARY BYP	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO-GRF/STENT	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	
ABCBS	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
ABCBS	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/ COLOSTOMY	Approved	
ABCBS	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOS-TOMY	Approved	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	
ABCBS	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	64809	SYMPATHECTOMY THORACOLUMBAR	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9075	Inj, cyclophosphamide, nos	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRO-NEPHROSIS	50400	PYELOPLASTY SIMPLE	Approved	
ABCBS	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ABCBS	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
ABCBS	Inpatient	D35.01	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	47380	ABLTJ OPN 1/> LVR TUM RF	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	47600	CHOLECYSTECTOMY	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	60540	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/ DRSAL SPX	Approved	
ABCBS	Inpatient	Z87.09	PERSONAL HISTORY OF OTHER DIS OF THE RESP SYSTEM	31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	Approved	

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ABCBS	Inpatient	Z87.09	PERSONAL HISTORY OF OTHER DIS OF THE RESP SYSTEM	31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	Approved	
ABCBS	Inpatient	Z87.09	PERSONAL HISTORY OF OTHER DIS OF THE RESP SYSTEM	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/ TELESCOPE	Approved	
ABCBS	Inpatient	T84.093D	MECH COMPL OF INT LEFT KNEE PROSTH SUBS ENCNR	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Approved	
ABCBS	Inpatient	T84.093D	MECH COMPL OF INT LEFT KNEE PROSTH SUBS ENCNR	15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	Approved	
ABCBS	Inpatient	T84.093D	MECH COMPL OF INT LEFT KNEE PROSTH SUBS ENCNR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Inpatient	T84.093D	MECH COMPL OF INT LEFT KNEE PROSTH SUBS ENCNR	27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	Approved	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHER- APY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J1190	Dexrazoxane hcl injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9190	Fluorouracil injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9060	Cisplatin 10 mg injection	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	T84.019A	BROKEN INTERNAL JOINT PROSTHESIS UNSP SITE INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
ABCBS	Inpatient	Q67.6	PECTUS EXCAVATUM	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/ THRSC	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI- CATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	
ABCBS	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUS- CLE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	

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ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0129	Abatacept injection	Approved	
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0588	Incobotulinumtoxin a	Approved	
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J3262	Tocilizumab injection	Approved	
ABCBS	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Outpatient	N19	UNSPECIFIED KIDNEY FAILURE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ABCBS	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	G51.33	CLONIC HEMIFACIAL SPASM, BILATERAL	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	E85.81	LIGHT CHAIN (AL) AMYLOIDOSIS	J9380	Inj teclistamab cqyv 0.5 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	

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ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	M35.06	SJOGREN SYND W PERIPHERAL NERV SYS INVOLVE-MENT	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Outpatient	C84.48	PERPH T-CELL LYMPHOMA NEC, LYMPH NODES MULT SITE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	D84.822	IMMUNODEFICIENCY DUE TO EXTERNAL CAUSES	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACER-BATION	J9333	Inj ronzanolixizum-noli 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Outpatient	I50.84	END STAGE HEART FAILURE	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIEC-TOMY	Approved	



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ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J3358	Ustekinumab, iv inject, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Outpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	
ABCBS	Medical Benefit Drug	Z94.4	LIVER TRANSPLANT STATUS	Q0224	Inj, pemivibart, 4500 mg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M08.3	JUVENILE RHEUMATOID POLYARTHRITIS (SERO-NEGATIVE)	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Outpatient	R9720	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	Approved	
ABCBS	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J3358	Ustekinumab, iv inject, 1 mg	Approved	
ABCBS	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	

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ABCBS	Outpatient	C22.2	HEPATOBLASTOMA	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0717	Certolizumab pegol inj 1mg	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	E74.02	POMPE DISEASE	J0221	Lumizyme injection	Approved	
ABCBS	Medical Benefit Drug	G70.01	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	J9333	Inj ronzanolixizum-noli 1 mg	Approved	
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0587	Inj, rimabotulinumtoxinb	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHREC-TOMY	Approved	
ABCBS	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	J0129	Abatacept injection	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHREC-TOMY	Approved	
ABCBS	Medical Benefit Drug	G37.81	MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTB DISEASE	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	R10.2	PELVIC AND PERINEAL PAIN	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUS-CLES	Approved	
ABCBS	Medical Benefit Drug	R10.2	PELVIC AND PERINEAL PAIN	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATI-ONS	J3380	Inj vedolizumab iv 1 mg	Approved	

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ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
ABCBS	Outpatient	N18.4	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
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	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.E19	CHRONIC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.E19	CHRONIC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
ABCBS	Medical Benefit Drug	N06.21	PRIM MEMBRANOUS NEPHROPATHY W ISOL PROTEINURIA	J1010	Inj, methylpred acetate 1 mg	Approved	

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ABCBS	Medical Benefit Drug	N06.21	PRIM MEMBRANOUS NEPHROPATHY W ISOL PROTEINURIA	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Medical Benefit Drug	N06.21	PRIM MEMBRANOUS NEPHROPATHY W ISOL PROTEINURIA	J1200	Diphenhydramine hcl injectio	Approved	
ABCBS	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	S9359	Hit anti-tnf per diem	Approved	
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ABCBS	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J0717	Certolizumab pegol inj 1mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.901	MIGRAINE UNSP NOT INTRACT WITH STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5119	Inj ruxience, 10 mg	Approved	

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ABCBS	Medical Benefit Drug	M31.31	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	Z29.81	ENCOUNTER FOR HIV PRE-EXPOSURE PROPHY-LAXIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ABCBS	Medical Benefit Drug	Z29.81	ENCOUNTER FOR HIV PRE-EXPOSURE PROPHY-LAXIS	J0739	Hiv prep, inj, cabotegravir	Approved	
ABCBS	Outpatient	D47.2	MONOCLONAL GAMMOPATHY	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	D84.9	IMMUNODEFICIENCY, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ABCBS	Medical Benefit Drug	D84.9	IMMUNODEFICIENCY, UNSPECIFIED	J1561	Gamunex-c/gammaked	Approved	
ABCBS	Medical Benefit Drug	D84.9	IMMUNODEFICIENCY, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ABCBS	Medical Benefit Drug	M35.00	SJOGREN SYNDROME, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Medical Benefit Drug	K50.018	CROHN DISEASE OF SMALL INT WITH OTHER COMPL	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0129	Abatacept injection	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	J9381	Inj teplizumab mzwv 5 mcg	Approved	
ABCBS	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ABCBS	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	K60.0	ACUTE ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
ABCBS	Medical Benefit Drug	K60.0	ACUTE ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Outpatient	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Outpatient	K70.11	ALCOHOLIC HEPATITIS WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ABCBS	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	
ABCBS	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	
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M79.18	MYALGIA, OTHER SITE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	E10.3513	TYPE 1 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J0177	Inj, aflibercept hd, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2351	Inj ocrelizumab 1mg hya-ocsq	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI- CATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2351	Inj ocrelizumab 1mg hya-ocsq	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	Approved	



BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Outpatient	N18.5	CHRONIC KIDNEY DISEASE, STAGE 5	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5110	Nivestym	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
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	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	M33.20	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ABCBS	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
ABCBS	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	

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ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
ABCBS	Outpatient	C84.48	PERPH T-CELL LYMPHOMA NEC, LYMPH NODES MULT SITE	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Outpatient	C84.48	PERPH T-CELL LYMPHOMA NEC, LYMPH NODES MULT SITE	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.001	MIGRAINE W/O AURA NOT INTRACT WITH STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	D89.84	IGG4-RELATED DISEASE	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Outpatient	E85.9	AMYLOIDOSIS, UNSPECIFIED	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ABCBS	Outpatient	C22.2	HEPATOBLASTOMA	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	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	

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ABCBS	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	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
ABCBS	Medical Benefit Drug	G58.8	OTHER SPECIFIED MONONEUROPATHIES	J0588	Incobotulinumtoxin a	Approved	
ABCBS	Medical Benefit Drug	G58.8	OTHER SPECIFIED MONONEUROPATHIES	64430	INJECTION AA&/STRD PUDENDAL NERVE	Approved	
ABCBS	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J0129	Abatacept injection	Approved	
ABCBS	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
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	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J3262	Tocilizumab injection	Approved	
ABCBS	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ABCBS	Medical Benefit Drug	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	

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ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	K51.313	ULCERATIVE RECTOSIGMOIDITIS WITH FISTULA	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ABCBS	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0588	Incobotulinumtoxin a	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ABCBS	Inpatient	G96.191	PERINEURAL CYST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
ABCBS	Inpatient	N73.9	FEMALE PELVIC INFLAMMATORY DISEASE, UNSPECIFIED	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Denied	Administrative
ABCBS	Inpatient	N73.9	FEMALE PELVIC INFLAMMATORY DISEASE, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Administrative
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Administrative
ABCBS	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1960	ANESTHESIA VAGINAL DELIVERY ONLY	Denied	Administrative
ABCBS	Inpatient	E66.812	OBESITY, CLASS 2	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	CMD
ABCBS	Inpatient	E04.1	NONTOXIC SINGLE THYROID NODULE	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32507	THORACOTOMY W/DX WEDGE RESEXX & ANATOM LUNG RESE	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPH-DENECTOMY	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPH-ADEC	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	Denied	CMD

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ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32669	THORACOSCOPY W/SEGMENTECTOMY	Denied	CMD
ABCBS	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Denied	CMD
ABCBS	Inpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/ OVARY	Denied	CMD
ABCBS	Inpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	52000	CYSTOURETHROSCOPY	Denied	CMD
ABCBS	Inpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Denied	CMD
ABCBS	Inpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	Denied	CMD
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	J9312	Inj., rituximab, 10 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
ABCBS	Outpatient	E66.812	OBESITY, CLASS 2	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	L74.512	PRIMARY FOCAL HYPERHIDROSIS, PALMS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Outpatient	M54.81	OCCIPITAL NEURALGIA	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUS-CLES	Denied	Administrative
ABCBS	Outpatient	M54.81	OCCIPITAL NEURALGIA	64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUS-CLE	Denied	Administrative
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Denied	Administrative

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ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
ABCBS	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	Denied	Administrative
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Administrative
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Denied	Administrative
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	J9312	Inj., rituximab, 10 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Administrative
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Administrative
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J1300	Eculizumab injection	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Denied	Administrative
ABCBS	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Administrative
ABCBS	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Administrative
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9333	Inj ronzanolixizum-noli 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	D75.81	MYELOFIBROSIS	J3262	Tocilizumab injection	Denied	Administrative
ABCBS	Medical Benefit Drug	C85.19	UNSP B-CELL LYMPH EXTRANODAL AND SOLID ORG SITES	J2802	Inj, romiplostim 1 microgram	Denied	Administrative
ABCBS	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Partially Denied	Administrative

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ABCBS	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Administrative
ABCBS	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCMRPN CERVICAL 1 SEG	Partially Denied	Administrative
ABCBS	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Partially Denied	Administrative
ABCBS	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Partially Denied	Administrative
ABCBS	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	Partially Denied	Administrative
ABCBS	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22864	RMVL TOT DISC ARTHRP ANT 1 INTERSPACE CERVICAL	Partially Denied	Administrative
ABCBS	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative
ABCBS	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Partially Denied	Administrative
ABCBS	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/ OVARY	Partially Denied	Administrative
ABCBS	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	52332	CYSTO W/INSERT URETERAL STENT	Partially Denied	Administrative
ABCBS	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Partially Denied	Administrative
ABCBS	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Partially Denied	CMD
ABCBS	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Partially Denied	CMD
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/ MESH	Partially Denied	CMD
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	Partially Denied	CMD
ABCBS	Inpatient	N83.292	OTHER OVARIAN CYST, LEFT SIDE	58925	OVARIAN CYSTECTOMY UNI/BI	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Partially Denied	CMD
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49594	RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED	Partially Denied	CMD
ABCBS	Inpatient	N28.1	CYST OF KIDNEY, ACQUIRED	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Partially Denied	CMD



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ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	Q03.0	MALFORMATIONS OF AQUEDUCT OF SYLVIVS	62225	RPLCMT/IRRIGATION VENTRICULAR CATHETER	Partially Denied	CMD
ABCBS	Inpatient	Q03.0	MALFORMATIONS OF AQUEDUCT OF SYLVIVS	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	Partially Denied	CMD
ABCBS	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Partially Denied	CMD
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58925	OVARIAN CYSTECTOMY UNI/BI	Partially Denied	CMD
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOM-INAL APPR	Partially Denied	CMD
ABCBS	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/ OVARY	Partially Denied	CMD
ABCBS	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Partially Denied	CMD
ABCBS	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/ TUBE/OVAR	Partially Denied	CMD
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Partially Denied	Administrative
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative

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ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTER-SPACE	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUC-TURAL	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Administrative
ABCBS	Inpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
ABCBS	Inpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
ABCBS	Inpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
ABCBS	Inpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDI-TIONAL	Partially Denied	Administrative
ABCBS	Inpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
ABCBS	Inpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative
ABCBS	Inpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
ABCBS	Inpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	Administrative
ABCBS	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Partially Denied	Administrative
ABCBS	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Partially Denied	Administrative
ABCBS	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	S2900	Robotic surgical system	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Administrative

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ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Administrative
ABCBS	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	Partially Denied	Administrative
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J1299	Inj, eculizumab, 2 mg	Partially Denied	Administrative
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C66.9	MALIGNANT NEOPLASM OF UNSPECIFIED URETER	51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/ INT ANAST	Approved	
EXCHNG	Inpatient	C66.9	MALIGNANT NEOPLASM OF UNSPECIFIED URETER	55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	Approved	
EXCHNG	Inpatient	C66.9	MALIGNANT NEOPLASM OF UNSPECIFIED URETER	50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R05.9	COUGH, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.0	HEMATEMESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R45.851	SUICIDAL IDEATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	Approved	

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EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R60.0	LOCALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	
EXCHNG	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5006	Hospice in hospice facility	Approved	
EXCHNG	Inpatient	F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	T2048	Bh ltc res r&b, per diem	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
EXCHNG	Inpatient	F10.930	ALCOHOL USE, USP WITH WITHDRAWAL, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I34.2	NONRHEUMATIC MITRAL (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
EXCHNG	Inpatient	C53.1	MALIGNANT NEOPLASM OF EXOCERVIX	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPH-ADENECTOMY	Approved	
EXCHNG	Inpatient	C53.1	MALIGNANT NEOPLASM OF EXOCERVIX	52000	CYSTOURETHROSCOPY	Approved	
EXCHNG	Inpatient	C53.1	MALIGNANT NEOPLASM OF EXOCERVIX	58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	Approved	
EXCHNG	Inpatient	C53.1	MALIGNANT NEOPLASM OF EXOCERVIX	38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	Approved	
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	

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EXCHNG	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	K37	UNSPECIFIED APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.10	VOMITING, UNSPECIFIED	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	K52.89	OT NONINFECTIVE GASTROENTERITIS&COLITIS	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	E11.00	TP 2 DBT W HYPROSM W/O NONKET HYPRGLY-HY-PROS COM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N80.03	ADENOMYOSIS OF THE UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	K22.2	ESOPHAGEAL OBSTRUCTION	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/ PYLORPLSTY	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S72.91XA	UNSP FRACTURE OF RIGHT FEMUR, INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIO-MA STTL	Approved	
EXCHNG	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
EXCHNG	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	

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EXCHNG	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
EXCHNG	Inpatient	M1A.4191	OTHER SEC CHRONIC GOUT UNSP SHOULDER WITH TOPHUS	Q5006	Hospice in hospice facility	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
EXCHNG	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T84.59XA	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Q21.14	SUPERIOR SINUS VENOSUS ATRIAL SEPTAL DEFECT	33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	Approved	
EXCHNG	Inpatient	Q21.14	SUPERIOR SINUS VENOSUS ATRIAL SEPTAL DEFECT	33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	Approved	
EXCHNG	Inpatient	Q21.14	SUPERIOR SINUS VENOSUS ATRIAL SEPTAL DEFECT	33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	Approved	
EXCHNG	Inpatient	Z17.0	ESTROGEN RECEPTOR POSITIVE STATUS [ER+]	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	C60.2	MALIGNANT NEOPLASM OF BODY OF PENIS	J9060	Cisplatin 10 mg injection	Approved	
EXCHNG	Inpatient	C60.2	MALIGNANT NEOPLASM OF BODY OF PENIS	J9208	Ifosfamide injection	Approved	
EXCHNG	Inpatient	C60.2	MALIGNANT NEOPLASM OF BODY OF PENIS	J9267	Paclitaxel injection	Approved	
EXCHNG	Inpatient	C60.2	MALIGNANT NEOPLASM OF BODY OF PENIS	J9209	Mesna injection	Approved	
EXCHNG	Inpatient	C60.2	MALIGNANT NEOPLASM OF BODY OF PENIS	J1453	Fosaprepitant injection	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
EXCHNG	Inpatient	N30.01	ACUTE CYSTITIS WITH HEMATURIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K22.2	ESOPHAGEAL OBSTRUCTION	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/ PYLORPLSTY	Approved	
EXCHNG	Inpatient	H46.9	UNSPECIFIED OPTIC NEURITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	16025	DRS&DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	Approved	
EXCHNG	Inpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	S27.0XXA	TRAUMATIC PNEUMOTHORAX, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
EXCHNG	Inpatient	T84.498A	MECH COMPL OF INT ORTH DEV IMPLNT AND GRAFTS INI	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLC-MT	Approved	
EXCHNG	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
EXCHNG	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	I70.202	UNSP ATHSCL NATIVE ARTERIES OF EXTREM LEFT LEG	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	
EXCHNG	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Approved	
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	Approved	
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	



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EXCHNG	Inpatient	N85.2	HYPERTROPHY OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	35558	BYPASS W/VEIN FEMORAL-FEMORAL	Approved	
EXCHNG	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22830	EXPLORATION SPINAL FUSION	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	M46.20	OSTEOMYELITIS OF VERTEBRA, SITE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSPW HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	
EXCHNG	Inpatient	D15.1	BENIGN NEOPLASM OF HEART	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
EXCHNG	Inpatient	D30.01	BENIGN NEOPLASM OF RIGHT KIDNEY	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	
EXCHNG	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	

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EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANAS-TOMOSIS	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J2469	Palonosetron hcl	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9060	Cisplatin 10 mg injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J0185	Inj., aprepitant, 1 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J3475	Inj magnesium sulfate	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J7040	Normal saline solution infus	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1938	Inj, furosemide, 1 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9209	Mesna injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J3480	Inj potassium chloride	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9267	Paclitaxel injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1308	Inj, famotidine, 0.25 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9208	Ifosfamide injection	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9000	Doxorubicin hcl injection	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9370	Vincristine sulfate 1 mg inj	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J2469	Palonosetron hcl	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J7050	Normal saline solution infus	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9181	Etoposide injection	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9073	Inj cyclophos dr reddys 5 mg	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1308	Inj, famotidine, 0.25 mg	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1200	Diphenhydramine hcl injectio	Approved	

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EXCHNG	Inpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
EXCHNG	Inpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
EXCHNG	Inpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ ALGRFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXTN INITIAL UNILAT	Approved	
EXCHNG	Inpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	Approved	
EXCHNG	Inpatient	C78.01	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	Approved	
EXCHNG	Inpatient	O14.10	SEVERE PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	59409	VAGINAL DELIVERY ONLY	Approved	
EXCHNG	Inpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	Q5006	Hospice in hospice facility	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
EXCHNG	Inpatient	R15.9	FULL INCONTINENCE OF FECES	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CE-COSTOMY	Approved	
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	52332	CYSTO W/INSERT URETERAL STENT	Approved	
EXCHNG	Inpatient	K31.89	OTHER DISEASES OF STOMACH AND DUODENUM	43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	Approved	
EXCHNG	Inpatient	K31.89	OTHER DISEASES OF STOMACH AND DUODENUM	43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	Approved	
EXCHNG	Inpatient	K31.89	OTHER DISEASES OF STOMACH AND DUODENUM	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	
EXCHNG	Inpatient	K31.89	OTHER DISEASES OF STOMACH AND DUODENUM	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	K31.89	OTHER DISEASES OF STOMACH AND DUODENUM	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	N81.2	INCOMPLETE UTEROVAGINAL PROLAPSE	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Approved	
EXCHNG	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R51.9	HEADACHE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J85.1	ABSCESS OF LUNG WITH PNEUMONIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K63.2	FISTULA OF INTESTINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G92.8	OTHER TOXIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	I82.622	AC MBLSM&THROMBOSIS OF DEEP VEINS OF L UP EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.141	OTHER ACUTE OSTEOMYELITIS, RIGHT HAND	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
EXCHNG	Inpatient	M86.141	OTHER ACUTE OSTEOMYELITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I20.89	OTHER FORMS OF ANGINA PECTORIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.20	ALC INDUC ACUTE PANCREATITIS W/O NECROSIS OR INF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	T73.0XXA	STARVATION, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.211	CELLULITIS OF FACE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D64.89	OTHER SPECIFIED ANEMIAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S42.412A	DISPL SIMPLE SPCND FX W/O NTCND FX L HMRS INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S11.91XA	LACERATION W/O FB OF UNSP PART OF NECK INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHE-SIS INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	K04.7	PERIAPICAL ABSCESS WITHOUT SINUS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	K56.41	FECAL IMPACTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D57.00	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R65.20	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M25.552	PAIN IN LEFT HIP	27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IM-PLTSCREW	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K83.9	DISEASE OF BILIARY TRACT, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O14.93	UNSPECIFIED PRE-ECLAMPSIA, THIRD TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R00.1	BRADYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.0	HEMATEMESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	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	
EXCHNG	Inpatient	S52.502A	UNSP FRACTURE THE LOWER END OF LEFT RADIUS INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R29.6	REPEATED FALLS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G03.9	MENINGITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.9	HYPERTENSIVE CRISIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D61.818	OTHER PANCYTOPENIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	T87.40	INFECTION AMPUTATION STUMP UNSPECIFIED EXTREMITY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.00	TP 2 DBT W HYPROSM W/O NONKET HYPRGLY-HY-PROS COM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J81.0	ACUTE PULMONARY EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T82.118A	BREAKDOWN OF CARDIAC ELECTRONIC DEVICE INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z89.519	ACQUIRED ABSENCE OF UNSPECIFIED LEG BELOW KNEE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	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	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K90.822	SHORT BOWEL SYNDROME WITHOUT COLON IN CONTINUITY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D61.818	OTHER PANCYTOPENIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	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	



BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	E86.0	DEHYDRATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	F41.9	ANXIETY DISORDER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REG-ULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E16.2	HYPOGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N76.4	ABSCESS OF VULVA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMA-TORY)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.81	OTHER MALAISE	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICA-TIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.2	CERVICALGIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	R00.1	BRADYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	N04.9	NEPHROTIC SYNDROME WITH USP MORPHOLOGIC CHANGES	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	Z86.718	PERSONAL HISTORY OF OTH VN THROMBOSIS AND MBLSM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACER-BATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S37.001A	USP INJURY OF RIGHT KIDNEY INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	W34.00XA	ACC DISCHARGE FROM UNSP FIREARMS OR GUN INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GAN-GRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.20	ALC INDUC ACUTE PANCREATITIS W/O NECROSIS OR INF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.40	CEREB INF DUE TO EMBOLISM OF UNSP CEREB ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.661	OTHER CHRONIC OSTEOMYELIT RIGHT TIBIA AND FIBULA	27607	INCISION LEG/ANKLE	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K55.9	VASCULAR DISORDER OF INTESTINE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.1	MELENA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	K76.6	PORTAL HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I95.81	POSTPROCEDURAL HYPOTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R47.1	DYSARTHRIA AND ANARTHRIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R60.1	GENERALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T82.110A	BREAKDOWN OF CARDIAC ELECTRODE INIT ENCNT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R09.02	HYPOXEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLAS-SIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	J43.1	PANLOBULAR EMPHYSEMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	Approved	
EXCHNG	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	35665	BYP OTH/THN VEIN ILIOFEMORAL	Approved	
EXCHNG	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	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	U07.1	COVID-19	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S21.331A	PNC W/O FB R FRNT WL THRX W PENTHOR CAV INI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T84.52XD	INFECT/INFLM REAC D/T INT LEFT HIP PROSTH SUBS	27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O13.9	GESTATNL HTN W/O SIGNIFICANT PROTEIN UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S82.202P	USP FX SHAFT OF L TIB SB FOR CLOS FX W MAL-UNION	27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R19.03	RIGHT LOWER QUADRANT ABD SWELLING MASS AND LUMP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R93.89	AB FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G83.4	CAUDA EQUINA SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K65.1	PERITONEAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	Approved	
EXCHNG	Inpatient	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S72.142A	DISPLACED INTROCH FRACTURE OF LEFT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R65.20	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	S82.141A	DISPLACED BICONDYLAR FRACTURE RIGHT TIBIA INIT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N48.22	CELLULITIS OF CORPUS CAVERNOSUM AND PENIS	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R78.81	BACTEREMIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	E87.5	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K75.0	ABSCESS OF LIVER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I71.00	DISSECTION OF UNSPECIFIED SITE OF AORTA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	38724	CERVICAL LYPHAEDEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	15842	GRF FACIAL NRV PLYSS FR MUSCLE FLAP MICRO-SURG	Approved	
EXCHNG	Inpatient	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E83.42	HYPOMAGNESEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S82.143A	DISPLACED BICONDYLAR FRACTURE OF UNSP TIBIA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K76.82	HEPATIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.9	HYPERTENSIVE CRISIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E83.52	HYPERCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
EXCHNG	Inpatient	F23	BRIEF PSYCHOTIC DISORDER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59409	VAGINAL DELIVERY ONLY	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	M86.172	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K75.9	INFLAMMATORY LIVER DISEASE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I87.1	COMPRESSION OF VEIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O23.00	INFECTIONS OF KIDNEY IN PREGNANCY USP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICATIONS OF SKIN, SUBCU	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	Z00.00	ENCNTR FOR GEN ADULT MEDICAL EXAM W/O AB FIND	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58951	RESCJ PRIM PRTL MAL W/BSO & OMNTCTAH & LMPHAD	Approved	
EXCHNG	Inpatient	G93.49	OTHER ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K94.09	OTHER COMPLICATIONS OF COLOSTOMY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.40	ENCEPHALOPATHY, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOM-INAL APPR	Approved	
EXCHNG	Inpatient	K20.90	ESOPHAGITIS, UNSPECIFIED WITHOUT BLEEDING	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	S86.812A	STR MUSC/TEND AT LOWER LEG LEVEL LEFT LEG INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K22.2	ESOPHAGEAL OBSTRUCTION	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/ PYLORPLSTY	Approved	



BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	R06.03	ACUTE RESPIRATORY DISTRESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M79.673	PAIN IN UNSPECIFIED FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	V87.7XXA	PERSON INJURED IN COL BETW OTH MTR VEH INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N02.B9	OTHER RECURRENT AND PERSISTENT IMG A NEPHROPATHY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	K85.20	ALC INDUC ACUTE PANCREATITIS W/O NECROSIS OR INF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z87.19	PERSONAL HISTORY OF OTHER DIS OF DIGESTIVE SYS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
EXCHNG	Inpatient	F10.139	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECI-FIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M43.27	FUSION OF SPINE, LUMBOSACRAL REGION	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	R74.01	ELEVATION OF LEVELS OF LIVER TRANSAMINASE LEVELS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
EXCHNG	Inpatient	T40.411A	POI FENTANYL/FENTANYL ANALOGS, ACCIDENTAL, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M71.122	OTHER INFECTIVE BURSTITIS, LEFT ELBOW	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.0	NAUSEA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N81.11	CYSTOCELE, MIDLINE	52000	CYSTOURETHROSCOPY	Approved	
EXCHNG	Inpatient	N81.11	CYSTOCELE, MIDLINE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	
EXCHNG	Inpatient	R31.9	HEMATURIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K76.82	HEPATIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G92.9	UNSPECIFIED TOXIC ENCEPHALOPATHY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	K57.80	DVTRCLI OF INTEST PRT USP W PERF&ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I31.31	MALIGNANT PERICARDIAL EFFUSION IN DISEASES C/E	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	
EXCHNG	Inpatient	I31.31	MALIGNANT PERICARDIAL EFFUSION IN DISEASES C/E	33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/ WO PATCH	Approved	
EXCHNG	Inpatient	I31.31	MALIGNANT PERICARDIAL EFFUSION IN DISEASES C/E	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/ BYPASS	Approved	
EXCHNG	Inpatient	I31.31	MALIGNANT PERICARDIAL EFFUSION IN DISEASES C/E	33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	Approved	
EXCHNG	Inpatient	I31.31	MALIGNANT PERICARDIAL EFFUSION IN DISEASES C/E	33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.628	TYPE 2 DIAB MEL WITH OTHER SKIN COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.628	TYPE 2 DIAB MEL WITH OTHER SKIN COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
EXCHNG	Inpatient	O99.280	END NUTRITIONAL AND METAB DIS COMP PREG UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R60.1	GENERALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R09.02	HYPOXEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G08	INTCR & INTRASPINAL PHLEBITIS & THROMBO-PHLEBITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O60.03	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I69.391	DYSPHAGIA FOLLOWING CEREBRAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E08.10	DBT D/T UNDERLYING COND W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.09	OTHER FORMS OF DYSPNEA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	K74.69	OTHER CIRRHOSIS OF LIVER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I47.29	OTHER VENTRICULAR TACHYCARDIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S36.039A	UNSPECIFIED LACERAT SPLEEN INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	Approved	
EXCHNG	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G72.81	CRITICAL ILLNESS MYOPATHY	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I50.43	AC ON CHR COMB SYSTOLIC AND DIASTOLIC HRT FAIL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K86.3	PSEUDOCYST OF PANCREAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T39.092A	POISN BY SALICYLATES INTENTIONAL SELF-HARM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	J94.8	OTHER SPECIFIED PLEURAL CONDITIONS	32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	Approved	
EXCHNG	Inpatient	J94.8	OTHER SPECIFIED PLEURAL CONDITIONS	32609	THORACOSCOPY WITH BIOPSIES OF PLEURA	Approved	
EXCHNG	Inpatient	J94.8	OTHER SPECIFIED PLEURAL CONDITIONS	32650	THORACOSCOPY W/PLEURODESIS	Approved	

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EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	Approved	
EXCHNG	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.3	OTHER AMNESIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L02.215	CUTANEOUS ABSCESS OF PERINEUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.6	CEREBRAL EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R60.0	LOCALIZED EDEMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I67.4	HYPERTENSIVE ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63081	VERTEBRAL CORPECTOMY ANT DCMRPN CERVICAL 1 SEG	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63082	VERTEBRAL CORPECTOMY DCMRPN CERVICAL EA SEG	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	
EXCHNG	Inpatient	N30.91	CYSTITIS, UNSPECIFIED WITH HEMATURIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F12.188	CANNABIS ABUSE WITH OTHER CANNABIS-INDUCED DIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S49.92XA	UNSP INJURY OF LEFT SHOULDER AND UPPER ARM INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S22.5XXA	FLAIL CHEST INITIAL ECTR FOR CLOSED FRACTURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I74.9	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T39.1X2A	POISONING BY 4-AMINOPHENOL DERIV SELF-HARM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S06.0XAA	CONCUSSION W LOC STAT UNKNOWN, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	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	
EXCHNG	Inpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R10.31	RIGHT LOWER QUADRANT PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R09.89	OTH SYMP&SIGNS INVOLVING THE CIRC&RESP SYSTEMS	G0378	Hospital observation per hr	Approved	
EXCHNG	Inpatient	I16.9	HYPERTENSIVE CRISIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	N85.2	HYPERTROPHY OF UTERUS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	F19.10	OTHER PSYCHOACTIVE SUBSTANCE ABUSE UN-COMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEM-ISTRY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	R60.1	GENERALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ ILEOPXTS	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.00	DYSPNEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.03	ACUTE RESPIRATORY DISTRESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K51.814	OTHER ULCERATIVE COLITIS WITH ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R52	PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K61.1	RECTAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	



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EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.00	DYSYPNEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E27.40	UNSPECIFIED ADRENOCORTICAL INSUFFICIENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S22.089A	UNSP FRACTURE T11-T12 VERTEBRA INIT FOR CLOS FX	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	V87.7XXA	PERSON INJURED IN COL BETW OTH MTR VEH INIT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	F11.93	OPIOID USE, UNSPECIFIED WITH WITHDRAWAL	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	Approved	
EXCHNG	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	
EXCHNG	Inpatient	Z87.81	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.929	ALCOHOL USE UNSPECIFIED WITH INTOX UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.5	HYPERKALEMIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z89.512	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTO-MOSIS	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O60.00	PRETERM LABOR WITHOUT DELIVERY USP TRIMES-TER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIO-PLSTY	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35558	BYPASS W/WEIN FEMORAL-FEMORAL	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	36200	INTRODUCTION CATHETER AORTA	Approved	
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	
EXCHNG	Inpatient	S52.92XB	UNSP FX LEFT FOREARM INIT FOR OPN FX TYPE I/2	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S24.103A	UNSP INJ AT T7-T10 LEV OF THOR SPINAL CORD INIT	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	I49.9	CARDIAC ARRHYTHMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R74.8	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T07.XXXA	UNSPECIFIED MULTIPLE INJURIES, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.031	CELLULITIS OF RIGHT TOE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	S32.9XXA	FX UNSP PARTS OF LUMBOSACR SPINE AND PELVIS INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S72.142A	DISPLACED INTROCH FRACTURE OF LEFT FEMUR INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	S72.142A	DISPLACED INTROCH FRACTURE OF LEFT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	S72.91XA	UNSP FRACTURE OF RIGHT FEMUR, INIT FOR CLOS FX	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
EXCHNG	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J9209	Mesna injection	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J9060	Cisplatin 10 mg injection	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J7050	Normal saline solution infus	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J3475	Inj magnesium sulfate	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J2469	Palonosetron hcl	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J3480	Inj potassium chloride	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J1938	Inj, furosemide, 1 mg	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J1453	Fosaprepitant injection	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J9360	Vinblastine sulfate inj	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	J9208	Ifosfamide injection	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	Q5108	Injection, fulphila	Approved	
EXCHNG	Inpatient	I82.492	AC MBLSM&THROMBOSIS OF DEEP VEIN OF L LOW EXTRM	36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	Approved	
EXCHNG	Inpatient	I82.492	AC MBLSM&THROMBOSIS OF DEEP VEIN OF L LOW EXTRM	75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	
EXCHNG	Inpatient	I82.492	AC MBLSM&THROMBOSIS OF DEEP VEIN OF L LOW EXTRM	37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	Approved	
EXCHNG	Inpatient	I82.492	AC MBLSM&THROMBOSIS OF DEEP VEIN OF L LOW EXTRM	37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	Approved	
EXCHNG	Inpatient	R10.10	UPPER ABDOMINAL PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Approved	
EXCHNG	Inpatient	S82.202P	USP FX SHAFT OF L TIB SB FOR CLOS FX W MAL-UNION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
EXCHNG	Inpatient	J81.0	ACUTE PULMONARY EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
EXCHNG	Inpatient	K22.2	ESOPHAGEAL OBSTRUCTION	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	Approved	
EXCHNG	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
EXCHNG	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
EXCHNG	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
EXCHNG	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
EXCHNG	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY	Approved	

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EXCHNG	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
EXCHNG	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9209	Mesna injection	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9181	Etoposide injection	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9208	Ifosfamide injection	Approved	
EXCHNG	Inpatient	N83.209	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	58925	OVARIAN CYSTECTOMY UNI/BI	Approved	
EXCHNG	Inpatient	N83.209	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	N83.209	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Approved	
EXCHNG	Inpatient	S82.255D	NONDISP COMMNT FX SHAFT OF L TIBIA, 7THD	27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	Approved	
EXCHNG	Inpatient	S82.255D	NONDISP COMMNT FX SHAFT OF L TIBIA, 7THD	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
EXCHNG	Inpatient	S82.255D	NONDISP COMMNT FX SHAFT OF L TIBIA, 7THD	20680	REMOVAL IMPLANT DEEP	Approved	
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPH-ADEC	Approved	
EXCHNG	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
EXCHNG	Inpatient	K59.01	SLOW TRANSIT CONSTIPATION	44155	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	Approved	
EXCHNG	Inpatient	K59.01	SLOW TRANSIT CONSTIPATION	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
EXCHNG	Inpatient	K59.01	SLOW TRANSIT CONSTIPATION	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	Approved	
EXCHNG	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
EXCHNG	Inpatient	K65.1	PERITONEAL ABSCESS	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
EXCHNG	Inpatient	K65.1	PERITONEAL ABSCESS	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
EXCHNG	Inpatient	I50.43	AC ON CHR COMB SYSTOLIC AND DIASTOLIC HRT FAIL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	61868	STRCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	Approved	
EXCHNG	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	

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EXCHNG	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	61867	STRCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	Approved	
EXCHNG	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
EXCHNG	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
EXCHNG	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTO-MOSIS	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J7050	Normal saline solution infus	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9181	Etoposide injection	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J2469	Palonosetron hcl	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1308	Inj, famotidine, 0.25 mg	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9000	Doxorubicin hcl injection	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9370	Vincristine sulfate 1 mg inj	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9073	Inj cyclophos dr reddys 5 mg	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GAN-GRENE	49616	RPR AA HERNIA RECR 3-10 CM NCRC8/STRANGU-LATED	Approved	
EXCHNG	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
EXCHNG	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	50240	NEPHRECTOMY PARTIAL	Approved	
EXCHNG	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICA-TION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	

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EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIO-PLSTY	Approved	
EXCHNG	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	Approved	
EXCHNG	Inpatient	C16.2	MALIGNANT NEOPLASM OF BODY OF STOMACH	43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1308	Inj, famotidine, 0.25 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J0185	Inj., aprepitant, 1 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J3475	Inj magnesium sulfate	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J2405	Ondansetron hcl injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J3480	Inj potassium chloride	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J7040	Normal saline solution infus	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9060	Cisplatin 10 mg injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9267	Paclitaxel injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J2469	Palonosetron hcl	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9208	Ifosfamide injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9209	Mesna injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1938	Inj, furosemide, 1 mg	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	



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EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
EXCHNG	Inpatient	N50.82	SCROTAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	Approved	
EXCHNG	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	Approved	
EXCHNG	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
EXCHNG	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	
EXCHNG	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
EXCHNG	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	T81.40XA	INFECTION FOLLOWING A PROCEDURE, UNSP, INIT	13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	Approved	
EXCHNG	Inpatient	T81.40XA	INFECTION FOLLOWING A PROCEDURE, UNSP, INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
EXCHNG	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	N83.9	NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT USP	58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	Approved	
EXCHNG	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
EXCHNG	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
EXCHNG	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
EXCHNG	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Approved	

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EXCHNG	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22551	ARTHRO ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	
EXCHNG	Inpatient	Q07.00	ARNLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHALUS	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
EXCHNG	Inpatient	Q07.00	ARNLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHALUS	61343	CRNEC SUBOCCIPITAL CRV LAM DCMRPN MEDULLA & CORD	Approved	
EXCHNG	Inpatient	Z85.528	PERSONAL HISTORY OF OTHER MALIG NEOP OF KIDNEY	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
EXCHNG	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	
EXCHNG	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
EXCHNG	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	Approved	
EXCHNG	Inpatient	D35.02	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	Approved	
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
EXCHNG	Inpatient	N81.89	OTHER FEMALE GENITAL PROLAPSE	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	
EXCHNG	Inpatient	N81.89	OTHER FEMALE GENITAL PROLAPSE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Approved	
EXCHNG	Inpatient	N81.89	OTHER FEMALE GENITAL PROLAPSE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	
EXCHNG	Inpatient	Z48.816	ECTR FOR SRG AFTCR FOL SURGERY ON THE GU SYS	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
EXCHNG	Inpatient	Z48.816	ECTR FOR SRG AFTCR FOL SURGERY ON THE GU SYS	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	M89.8X7	OTHER SPECIFIED DISORDERS OF BONE ANKLE AND FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	47100	BIOPSY LIVER WEDGE	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	38102	SPLENCTOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	48140	PNCRTCT DSTL STOT W/O PNCRTCTOJEJUNOSTOMY	Approved	

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EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOM-ACH	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOM-ACH	43611	EXC LOCAL MALIGNANT TUMOR STOMACH	Approved	
EXCHNG	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COM- PONENT	Approved	
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO- GRF/STENT	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	49613	RPR AA HERNIA RECR < 3 CM REDUCIBLE	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	43800	PYLOROPLASTY	Approved	
EXCHNG	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
EXCHNG	Inpatient	C60.9	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	54100	BIOPSY PENIS SEPARATE PROCEDURE	Approved	
EXCHNG	Inpatient	C60.9	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	Approved	
EXCHNG	Inpatient	C67.0	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADEC- TOMY	Approved	
EXCHNG	Inpatient	C67.0	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER	55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	Approved	
EXCHNG	Inpatient	C67.0	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER	51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/ INT ANAST	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	K65.1	PERITONEAL ABSCESS	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTO- MOSIS	Approved	
EXCHNG	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	K67	DISORD OF PERITONEUM IN INFECTIOUS DISEASES C/E	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTO- MOSIS	Approved	
EXCHNG	Inpatient	S72.034K	NDSP MIDCERV FX R FEMUR SB FOR CLS FX W NONUNION	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ ALGRFT	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	Approved	

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EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTR-CRNL ART	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	
EXCHNG	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	Approved	
EXCHNG	Inpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPH-ADENECTOMY	Approved	
EXCHNG	Inpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	52000	CYSTOURETHROSCOPY	Approved	
EXCHNG	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	S9379	Hit noc per diem	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
EXCHNG	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	
EXCHNG	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2930	Methylprednisolone injection	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J7050	Normal saline solution infus	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	

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EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	J1561	Gamunex-c/gammaked	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	

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EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Outpatient	E84.9	CYSTIC FIBROSIS, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Outpatient	C22.0	LIVER CELL CARCINOMA	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	Q5103	Injection, inflectra	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	G43.109	MIGRAINE WITH AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	N04.0	NEPHROTIC SYND WITH MINOR GLOMERULAR ABNORMALITY	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	N13.1	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Outpatient	I50.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	K52.1	TOXIC GASTROENTERITIS AND COLITIS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J3358	Ustekinumab, iv inject, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHREC-TOMY	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	



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EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Outpatient	E85.81	LIGHT CHAIN (AL) AMYLOIDOSIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	

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EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G43.109	MIGRAINE WITH AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	E74.02	POMPE DISEASE	J0219	Inj aval alfa-nqpt 4mg	Approved	
EXCHNG	Medical Benefit Drug	I7782	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Outpatient	K72.90	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52000	CYSTOURETHROSCOPY	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
EXCHNG	Outpatient	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
EXCHNG	Outpatient	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYO-PRSRV STOR	Approved	
EXCHNG	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Outpatient	C84.10	SEZARY DISEASE, UNSPECIFIED SITE	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
EXCHNG	Outpatient	C84.10	SEZARY DISEASE, UNSPECIFIED SITE	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYO-PRSRV STOR	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.01	DRUG INDUCED SUBACUTE DYSKINESIA	J0585	Injection,onabotulinumtoxina	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	S9379	Hit noc per diem	Approved	
EXCHNG	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	J9334	Inj efgart-alfa 2mg hya-qvfc	Approved	
EXCHNG	Medical Benefit Drug	L93.0	DISCOID LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
EXCHNG	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	E75.21	FABRY (-ANDERSON) DISEASE	J0180	Agalsidase beta injection	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	

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EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	J9381	Inj teplizumab mzwv 5 mcg	Approved	
EXCHNG	Medical Benefit Drug	M80.0AXA	AGE-REL OSTEOPOR W CURRENT PATH FX, OT SIT, INIT	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
EXCHNG	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	
EXCHNG	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	E75.21	FABRY (-ANDERSON) DISEASE	J0180	Agalsidase beta injection	Approved	
EXCHNG	Outpatient	K74.69	OTHER CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

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EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	K0800	Pov group 1 std up to 300lbs	Approved	
EXCHNG	Medical Benefit Drug	M85.9	DISORDER OF BONE DENSITY AND STRUCTURE USP	J0897	Denosumab injection	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	D68.311	ACQUIRED HEMOPHILIA	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHREC-TOMY	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J0717	Certolizumab pegol inj 1mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G04.81	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Approved	
EXCHNG	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	52000	CYSTOURETHROSCOPY	Approved	
EXCHNG	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/ OVARY	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI- CATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Outpatient	R94.5	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	S8037	Mrcp	Approved	
EXCHNG	Medical Benefit Drug	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIEC- TOMY	Approved	
EXCHNG	Medical Benefit Drug	M45.6	ANKYLOSING SPONDYLITIS LUMBAR REGION	J1745	Infliximab not biosimil 10mg	Approved	

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EXCHNG	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	
EXCHNG	Medical Benefit Drug	K51.211	ULCERATIVE PROCTITIS WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Outpatient	I25.5	ISCHEMIC CARDIOMYOPATHY	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
EXCHNG	Medical Benefit Drug	K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	H34.12	CENTRAL RETINAL ARTERY OCCLUSION, LEFT EYE	J9035	Bevacizumab injection	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	D66	HEREDITARY FACTOR VIII DEFICIENCY	J7189	Factor viia recomb novoseven	Approved	
EXCHNG	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0596	Injection, ruconest	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K51.20	ULCERATIVE PROCTITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	



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EXCHNG	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHE-MATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Outpatient	Q05.2	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	K0739	Repair/svc dme non-oxygen eq	Approved	
EXCHNG	Outpatient	Q05.2	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	E0153	Forearm crutch platform atta	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Medical Benefit Drug	N05.9	UNSP NEPH SYNDROME WITH USP MORPHOLOGIC CHANGES	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYO-PRSRV STOR	Approved	
EXCHNG	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/ WO D&C	Approved	
EXCHNG	Outpatient	G89.21	CHRONIC PAIN DUE TO TRAUMA	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G81.10	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	Approved	
EXCHNG	Medical Benefit Drug	G81.10	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G81.10	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
EXCHNG	Medical Benefit Drug	G81.10	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUS-CLE	Approved	

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EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0587	Inj, rimabotulinumtoxinb	Approved	
EXCHNG	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J0129	Abatacept injection	Approved	
EXCHNG	Medical Benefit Drug	D59.39	OTHER HEMOLYTIC-UREMIC SYNDROME	J1299	Inj, eculizumab, 2 mg	Approved	
EXCHNG	Medical Benefit Drug	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
EXCHNG	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G25.89	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVMT DISORD	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G25.89	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVMT DISORD	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
EXCHNG	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	D59.12	COLD AUTOIMMUNE HEMOLYTIC ANEMIA	J9034	Inj., bendeka 1 mg	Approved	
EXCHNG	Medical Benefit Drug	D59.12	COLD AUTOIMMUNE HEMOLYTIC ANEMIA	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHREC-TOMY	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHREC-TOMY	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K51.814	OTHER ULCERATIVE COLITIS WITH ABSCESS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	I27.0	PRIMARY PULMONARY HYPERTENSION	J3285	Treprostinil injection	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	

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EXCHNG	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J1823	Inj. inebilizumab-cdon, 1 mg	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	I20.0	UNSTABLE ANGINA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Denied	Administrative
EXCHNG	Inpatient	O99.350	DISEASES OF THE NERVOUS SYS COMP PRG UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	Z91.199	PT NCOMPL W OT MED TRTMT/REGIMEN D/T USP REASON	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	N76.4	ABSCESS OF VULVA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	R51.9	HEADACHE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Administrative
EXCHNG	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Administrative
EXCHNG	Inpatient	M86.8X7	OTHER OSTEOMYELITIS, ANKLE AND FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Denied	Administrative
EXCHNG	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Administrative
EXCHNG	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	Denied	Administrative
EXCHNG	Inpatient	N30.90	CYSTITIS, UNSPECIFIED WITHOUT HEMATURIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	M27.3	ALVEOLITIS OF JAWS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	M87052	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ ALGRFT	Denied	CMD
EXCHNG	Inpatient	M87052	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI	Denied	CMD
EXCHNG	Inpatient	M87052	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	S2900	Robotic surgical system	Denied	CMD
EXCHNG	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD

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EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	CMD
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	56740	EXC BARTHOLINS GLAND/CYST	Denied	CMD
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	M16.0	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ ALGRFT	Denied	CMD
EXCHNG	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	CMD
EXCHNG	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Denied	CMD
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	L03.211	CELLULITIS OF FACE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	CMD
EXCHNG	Inpatient	K56.2	VOLVULUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	Z30.2	ENCOUNTER FOR STERILIZATION	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Denied	CMD
EXCHNG	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	29916	ARTHROSCOPY HIP W/LABRAL REPAIR	Denied	CMD
EXCHNG	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	29914	ARTHROSCOPY HIP W/FEMOROPLASTY	Denied	CMD
EXCHNG	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	Denied	CMD
EXCHNG	Inpatient	S42.201A	UNSP FRACTURE OF UPPER END OF RIGHT HUMERUS INIT	20680	REMOVAL IMPLANT DEEP	Denied	CMD
EXCHNG	Inpatient	S42.201A	UNSP FRACTURE OF UPPER END OF RIGHT HUMERUS INIT	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Denied	CMD
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Denied	CMD

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EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Denied	CMD
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Denied	CMD
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Denied	CMD
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	CMD
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDI-TIONAL	Denied	CMD
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	CMD
EXCHNG	Inpatient	M24.662	ANKYLOSIS, LEFT KNEE	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COM- PONENT	Denied	CMD
EXCHNG	Inpatient	I47.11	INAPPROPRIATE SINUS TACHYCARDIA, SO STATED	32650	THORACOSCOPY W/PLEURODESIS	Denied	CMD
EXCHNG	Inpatient	I47.11	INAPPROPRIATE SINUS TACHYCARDIA, SO STATED	33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	Denied	CMD
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETER-ECTOMY	Denied	CMD
EXCHNG	Inpatient	K22.0	ACHALASIA OF CARDIA	43331	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	Denied	CMD
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Denied	Administrative
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J0717	Certolizumab pegol inj 1mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J0717	Certolizumab pegol inj 1mg	Denied	Administrative
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	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Administrative
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Administrative

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EXCHNG	Medical Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	J1439	Inj ferric carboxymaltos 1mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	N13.1	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	52310	CYSTO W/SIMPLE REMOVAL STONE & STENT	Denied	Administrative
EXCHNG	Medical Benefit Drug	N13.1	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	52332	CYSTO W/INSERT URETERAL STENT	Denied	Administrative
EXCHNG	Medical Benefit Drug	N13.1	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	N13.1	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Denied	Administrative
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	R10.2	PELVIC AND PERINEAL PAIN	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUS-CLES	Denied	Administrative
EXCHNG	Medical Benefit Drug	R10.2	PELVIC AND PERINEAL PAIN	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
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	Administrative
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	Q5103	Injection, inflectra	Denied	Administrative
EXCHNG	Medical Benefit Drug	R10.2	PELVIC AND PERINEAL PAIN	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	R10.2	PELVIC AND PERINEAL PAIN	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUS-CLES	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Administrative
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	D68.311	ACQUIRED HEMOPHILIA	Q5119	Inj ruxience, 10 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J9312	Inj., rituximab, 10 mg	Denied	Administrative

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EXCHNG	Medical Benefit Drug	G43.E01	CHRONIC MIGRAINE W AURA NOT INTRACT W STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M54.2	CERVICALGIA	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	M54.2	CERVICALGIA	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0588	Incobotulinumtoxin a	Denied	Administrative
EXCHNG	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0256	Alpha 1 proteinase inhibitor	Denied	Administrative
EXCHNG	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J1823	Inj. inebilizumab-cdon, 1 mg	Denied	Administrative
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J3357	Ustekinumab sub cu inj, 1 mg	Denied	Administrative
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	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Outpatient	R22.31	LOC SWELLING MASS AND LUMP RIGHT UPPER LIMB	93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	Denied	Administrative



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EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M80.00XD	AGE-REL OSTEOPOR W CRNT PATH FX, UNSP SITE, 7THD	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
EXCHNG	Outpatient	M25.361	OTHER INSTABILITY, RIGHT KNEE	73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
EXCHNG	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	S2900	Robotic surgical system	Partially Denied	Administrative
EXCHNG	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Partially Denied	Administrative
EXCHNG	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Partially Denied	Administrative
EXCHNG	Inpatient	D35.1	BENIGN NEOPLASM OF PARATHYROID GLAND	S2900	Robotic surgical system	Partially Denied	CMD
EXCHNG	Inpatient	D35.1	BENIGN NEOPLASM OF PARATHYROID GLAND	60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDIS	Partially Denied	CMD
EXCHNG	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Partially Denied	CMD
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	CMD
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	CMD
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD

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EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	CMD
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	CMD
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Administrative
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBO-SACR RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBO-SACR RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBO-SACR RG	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBO-SACR RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBO-SACR RG	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
EXCHNG	Inpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBO-SACR RG	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
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	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
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	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative

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EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative
EXCHNG	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	70558	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	Partially Denied	Administrative
EXCHNG	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61736	LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	Partially Denied	Administrative
EXCHNG	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	Partially Denied	Administrative
EXCHNG	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61751	STRCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/ MR	Partially Denied	Administrative
EXCHNG	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
EXCHNG	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Partially Denied	Administrative
EXCHNG	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative

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EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Partially Denied	Administrative
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	Partially Denied	Administrative
EXCHNG	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	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Partially Denied	Administrative

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EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Administrative
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Administrative
EXCHNG	Inpatient	Q76.49	OTH CONG MALFORM OF SPINE NOT ASSOC W SCOLIOSIS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative
EXCHNG	Inpatient	Q76.49	OTH CONG MALFORM OF SPINE NOT ASSOC W SCOLIOSIS	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Partially Denied	Administrative
EXCHNG	Inpatient	Q76.49	OTH CONG MALFORM OF SPINE NOT ASSOC W SCOLIOSIS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
EXCHNG	Inpatient	Q76.49	OTH CONG MALFORM OF SPINE NOT ASSOC W SCOLIOSIS	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative
EXCHNG	Inpatient	Q76.49	OTH CONG MALFORM OF SPINE NOT ASSOC W SCOLIOSIS	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Administrative
EXCHNG	Inpatient	Q76.49	OTH CONG MALFORM OF SPINE NOT ASSOC W SCOLIOSIS	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	Q76.49	OTH CONG MALFORM OF SPINE NOT ASSOC W SCOLIOSIS	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Administrative
EXCHNG	Inpatient	Q76.49	OTH CONG MALFORM OF SPINE NOT ASSOC W SCOLIOSIS	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Administrative
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22849	REINSERTION SPINAL FIXATION DEVICE	Partially Denied	Administrative
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22848	PELVIC FIXATION OTHER THAN SACRUM	Partially Denied	Administrative
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Medical Benefit Drug	E75.21	FABRY (-ANDERSON) DISEASE	J0180	Agalsidase beta injection	Partially Denied	Administrative
EXCHNG	Medical Benefit Drug	E75.27	PELIZAEUS-MERZBACHER DISEASE	J0180	Agalsidase beta injection	Partially Denied	Administrative
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	J0584	Injection, burosumab-twza 1m	Partially Denied	Administrative

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EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Partially Denied	Administrative
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	J0584	Injection, burosumab-twza 1m	Partially Denied	Administrative
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Partially Denied	Administrative
EXCHNG	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	S9542	Ht inj noc per diem	Partially Denied	Administrative
HA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	Met Medical Necessity Criteria
HA	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Approved	Met Medical Necessity Criteria
HA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	Met Medical Necessity Criteria
HA	Inpatient	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	2014F	MENTAL STATUS ASSESSED	Approved	Met Medical Necessity Criteria
HA	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.53XD	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH SUBS	11981	INSERTION DRUG DELIVERY IMPLANT	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.53XD	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	J1569	Gammagard liquid injection	Approved	
HA	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
HA	Inpatient	K31.84	GASTROPARESIS	43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	K31.84	GASTROPARESIS	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	K31.84	GASTROPARESIS	43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	K86.1	OTHER CHRONIC PANCREATITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	

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HA	Inpatient	K80.30	CALCULUS OF BILE DUCT W CHOLANGITIS USP W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
HA	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	K02.9	DENTAL CARIES, UNSPECIFIED	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Denied	
HA	Outpatient	K02.9	DENTAL CARIES, UNSPECIFIED	G0330	Facility svs dental rehab	Denied	
HA	Outpatient	K02.9	DENTAL CARIES, UNSPECIFIED	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Denied	
HA	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	U07.1	COVID-19	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	F10.129	ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
HA	Medical Benefit Drug	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
HA	Medical Benefit Drug	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
HA	Inpatient	T14.90XA	INJURY, UNSPECIFIED, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	L98.411	NON-PRS CHR ULC OF BUTTOCK LMTD TO BRKDOWN SKIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N20.1	CALCULUS OF URETER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Inpatient	I82.412	ACUTE MBLSM AND THROMBOSIS OF LEFT FEMORAL VEIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	
HA	Inpatient	L03.113	CELLULITIS OF RIGHT UPPER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria



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HA	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.00	TP 2 DBT W HYPROSM W/O NONKET HYPRGLY-HYPROS COM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D64.81	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Q5106	Inj retacrit non-esrd use	Approved	
HA	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Approved	
HA	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	D89.832	CYTOKINE RELEASE SYNDROME, GRADE 2	J3262	Tocilizumab injection	Approved	
HA	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
HA	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
HA	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	S37.001A	USP INJURY OF RIGHT KIDNEY INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M79.671	PAIN IN RIGHT FOOT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I45.9	CONDUCTION DISORDER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	Denied	
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Denied	
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	45100	BX ANORECTAL WALL ANAL APPROACH	Denied	
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	91122	ANORECTAL MANOMETRY	Denied	
HA	Inpatient	F10.139	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	27705	OSTEOTOMY TIBIA	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
HA	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Denied	Administrative: Insufficient Information
HA	Inpatient	M79.676	PAIN IN UNSPECIFIED TOE(S)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.010A	BROKEN INTERNAL RIGHT HIP PROSTH INITIAL ECTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Denied	
HA	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	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
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
HA	Inpatient	Q21.10	ATRIAL SEPTAL DEFECT, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R06.03	ACUTE RESPIRATORY DISTRESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.519	LEFT SIDED COLITIS WITH UNSPECIFIED COMP	J3380	Inj vedolizumab iv 1 mg	Denied	
HA	Inpatient	K04.7	PERIAPICAL ABSCESS WITHOUT SINUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	C85.90	NON-HODGKIN LYMPHOMA USP USP SITE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
HA	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	Approved	Met Medical Necessity Criteria
HA	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHA-DECTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M06.1	ADULT-ONSET STILL'S DISEASE	J3262	Tocilizumab injection	Approved	

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HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Denied	
HA	Inpatient	Z48.03	ENCOUNTER FOR CHANGE OR REMOVAL OF DRAINS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
HA	Inpatient	O36.4XX0	MAT CR FOR INTRAUTERINE DTH NOT APPLBL OR USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
HA	Medical Benefit Drug	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	J9271	Inj pembrolizumab	Approved	
HA	Medical Benefit Drug	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	Q5122	Inj, nyvepria	Approved	
HA	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.628	TYPE 2 DIAB MEL WITH OTHER SKIN COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	T84.54XA	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	P2P Denied
HA	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	27305	FASCIOTOMY ILIOTIBIAL OPEN	Approved	Met Medical Necessity Criteria
HA	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	27466	OSTEOPLASTY FEMUR LENGTHENING	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.10	BILIARY ACUTE PANCREATITIS W/O NECROSIS OR INFC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
HA	Inpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	Met Medical Necessity Criteria
HA	Inpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	
HA	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	
HA	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
HA	Inpatient	M87.077	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT TOE(S)	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M87.077	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT TOE(S)	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M87.077	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT TOE(S)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	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
HA	Inpatient	E87.70	FLUID OVERLOAD, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	91122	ANORECTAL MANOMETRY	Approved	
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	Approved	
HA	Medical Benefit Drug	K59.00	CONSTIPATION, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
HA	Medical Benefit Drug	Q99.8	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Q5119	Inj ruxience, 10 mg	Approved	
HA	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	O36.4XX0	MAT CR FOR INTRAUTERINE DTH NOT APPLBL OR USP	59514	CESAREAN DELIVERY ONLY	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z92.3	PERSONAL HISTORY OF IRRADIATION	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	Administrative Approval
HA	Inpatient	Z92.3	PERSONAL HISTORY OF IRRADIATION	11970	REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	Approved	Administrative Approval
HA	Inpatient	Z92.3	PERSONAL HISTORY OF IRRADIATION	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	Administrative Approval
HA	Inpatient	L73.2	HIDRADENITIS SUPPURATIVA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	W34.00XA	ACC DISCHARGE FROM UNSP FIREARMS OR GUN INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T42.4X5A	ADVERSE EFFECT OF BENZODIAZEPINES INITIAL ECTR	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
HA	Inpatient	M23.90	UNSPECIFIED INTERNAL DRGM OF UNSPECIFIED KNEE	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	T50.902A	POISN BY UNSP DRUG/MEDS/BIOL SUBST SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Approved	
HA	Inpatient	S72.8X1A	OTH FX RIGHT FEMUR INIT FOR CLOSED FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.11	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	L89.152	PRESSURE ULCER OF SACRAL REGION, STAGE 2	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MEN-STRUAL CYC	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	Met Medical Necessity Criteria
HA	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MEN-STRUAL CYC	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPH-ADENECTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MEN-STRUAL CYC	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTO-MOSIS	Approved	Met Medical Necessity Criteria
HA	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MEN-STRUAL CYC	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	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	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	
HA	Inpatient	L03.114	CELLULITIS OF LEFT UPPER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	

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HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Outpatient	T84.54XA	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Inpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	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
HA	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K76.82	HEPATIC ENCEPHALOPATHY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	Q5122	Inj, nyvepria	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Inpatient	M79.605	PAIN IN LEFT LEG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M06.89	OTHER SPECIFIED RHEU ARTHRITIS MULTIPLE SITES	J0129	Abatacept injection	Approved	
HA	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	D61.818	OTHER PANCYTOPENIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	
HA	Medical Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0175	Inj, donanemab-azbt, 2 mg	Denied	
HA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D59.30	HEMOLYTIC-UREMIC SYNDROME, UNSPECIFIED	J1299	Inj, eculizumab, 2 mg	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
HA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHREC-TOMY	Approved	
HA	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	K52.831	COLLAGENOUS COLITIS	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Inpatient	S14.109A	UNSP INJ AT UNSP LEVEL OF CERV SPINAL CORD INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Approved	Met Medical Necessity Criteria
HA	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Met Medical Necessity Criteria
HA	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUC-TURAL	Approved	Met Medical Necessity Criteria
HA	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVI-CAL 1 SEG	Approved	Met Medical Necessity Criteria
HA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61520	CRNECTUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	Met Medical Necessity Criteria
HA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
HA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	Approved	Met Medical Necessity Criteria
HA	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	Met Medical Necessity Criteria
HA	Inpatient	S82.121A	DISP FX OF LAT CONDYLE OF R TIB INIT FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDY-LAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	I16.0	HYPERTENSIVE URGENCY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	Administrative Approval
HA	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
HA	Inpatient	F10.929	ALCOHOL USE UNSPECIFIED WITH INTOX UNSPEC-IFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	K31.84	GASTROPARESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0587	Inj, rimabotulinumtoxinb	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	



BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Medical Benefit Drug	K51.519	LEFT SIDED COLITIS WITH UNSPECIFIED COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Approved	
HA	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Inpatient	S72.351C	DSP COMT FX SHFT R FMR INI FOR OPN FX TP 3A/B/C	20704	MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	Approved	Met Medical Necessity Criteria
HA	Inpatient	S72.351C	DSP COMT FX SHFT R FMR INI FOR OPN FX TP 3A/B/C	27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	Approved	Met Medical Necessity Criteria
HA	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G61.0	GUILLAIN-BARRE SYNDROME	J1552	Inj, alyglo, 500 mg	Approved	
HA	Medical Benefit Drug	G61.0	GUILLAIN-BARRE SYNDROME	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
HA	Medical Benefit Drug	G61.0	GUILLAIN-BARRE SYNDROME	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
HA	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	Approved	Met Medical Necessity Criteria
HA	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
HA	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
HA	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0597	C-1 esterase, berinert	Approved	
HA	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Administrative Approval
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	Administrative Approval
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	Administrative Approval
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Administrative Approval
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Administrative Approval
HA	Outpatient	L03.113	CELLULITIS OF RIGHT UPPER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	

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HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	
HA	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	
HA	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	
HA	Inpatient	G93.5	COMPRESSION OF BRAIN	15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	Approved	Met Medical Necessity Criteria
HA	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDUL-LA & CORD	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Inpatient	L02.612	CUTANEOUS ABSCESS OF LEFT FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
HA	Medical Benefit Drug	G24.01	DRUG INDUCED SUBACUTE DYSKINESIA	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	
HA	Medical Benefit Drug	G24.01	DRUG INDUCED SUBACUTE DYSKINESIA	J0585	Injection,onabotulinumtoxina	Denied	
HA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOP-ATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
HA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOP-ATHY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
HA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOP-ATHY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
HA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOP-ATHY	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
HA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOP-ATHY	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Approved	Met Medical Necessity Criteria
HA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOP-ATHY	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
HA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
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	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Outpatient	G72.89	OTHER SPECIFIED MYOPATHIES	S9129	Occupational therapy, in the	Approved	
HA	Outpatient	G72.89	OTHER SPECIFIED MYOPATHIES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Outpatient	G72.89	OTHER SPECIFIED MYOPATHIES	S9131	Pt in the home per diem	Approved	

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HA	Medical Benefit Drug	J45.50	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	J2786	Injection, reslizumab, 1mg	Denied	
HA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	Approved	Administrative Approval
HA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
HA	Inpatient	M65.949	UNSP SYNOVITIS/TENOSYNOVITIS, UNSPECIFIED HAND	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	P2P Reconsideration
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	Q5103	Injection, inflectra	Approved	
HA	Outpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Partially Denied	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative Approval
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative Approval
HA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59409	VAGINAL DELIVERY ONLY	Approved	Administrative Approval
HA	Inpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	Approved	Met Medical Necessity Criteria
HA	Inpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	Met Medical Necessity Criteria
HA	Inpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	Met Medical Necessity Criteria
HA	Inpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	Approved	Met Medical Necessity Criteria
HA	Inpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
HA	Inpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
HA	Inpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria
HA	Inpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	J1745	Infliximab not biosimil 10mg	Approved	
HA	Medical Benefit Drug	Z86.69	PERSONAL HISTORY OF DIS OF NERVOUS SYS&-SENSE ORG	J0585	Injection,onabotulinumtoxina	Denied	
HA	Inpatient	R25.9	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDO-MINA	Approved	Administrative Approval

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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
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	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Administrative Approval
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
HA	Medical Benefit Drug	M1A.09X1	IDIO CHRONIC GOUT MULTIPLE SITES WITH TOPHUS	J2507	Pegloticase injection	Denied	
HA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Denied	Administrative: Not a Covered Benefit
HA	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REG-ULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	S9379	Hit noc per diem	Approved	
HA	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
HA	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
HA	Inpatient	S22.41XA	MULTIPLE FX OF RIBS RIGHT SIDE INIT FOR CLOS FX	21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	Approved	Met Medical Necessity Criteria
HA	Inpatient	S22.41XA	MULTIPLE FX OF RIBS RIGHT SIDE INIT FOR CLOS FX	32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUS-CLE	Approved	
HA	Medical Benefit Drug	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	Met Medical Necessity Criteria

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HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
HA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Partially Denied	Met Medical Necessity Criteria
HA	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
HA	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
HA	Inpatient	D06.9	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.E19	CHRNC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	
HA	Inpatient	I34.1	NONRHEUMATIC MITRAL (VALVE) PROLAPSE	33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	Approved	Administrative Approval
HA	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
HA	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
HA	Outpatient	Z13.820	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	Denied	
HA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Administrative Approval
HA	Inpatient	Q28.2	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	Approved	Administrative Approval
HA	Inpatient	R57.9	SHOCK, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	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	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Outpatient	M86.171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	

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HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
HA	Inpatient	Q43.3	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/ TELESCOPE	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q43.3	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q43.3	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q43.3	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q43.3	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	44055	CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
HA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
HA	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
HA	Outpatient	G93.40	ENCEPHALOPATHY, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	Q5103	Injection, inflectra	Approved	
HA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	Administrative Approval
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI- CATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0175	Inj, donanemab-azbt, 2 mg	Denied	
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
HA	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
HA	Medical Benefit Drug	K50.018	CROHN DISEASE OF SMALL INT WITH OTHER COMPL	Q5103	Injection, inflectra	Approved	
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE- LIZED	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Partially Denied	Met Medical Necessity Criteria

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HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	S31.809D	USP OPEN WOUND OF USP BUTTOCK SUBS ENCN-TR	15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 SQ CM/<	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMO-NARY BYP	Approved	Administrative Approval
HA	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	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	Administrative Approval
HA	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	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	Administrative Approval
HA	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
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
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	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	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	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Approved	Administrative Approval
HA	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	Administrative Approval
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	Administrative Approval
HA	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	Administrative Approval
HA	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



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HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	Approved	Administrative Approval
HA	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
HA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative: Not a Covered Benefit
HA	Medical Benefit Drug	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J2802	Inj, romiplostim 1 microgram	Approved	
HA	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	
HA	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1602	Golimumab for iv use 1mg	Approved	
HA	Inpatient	Z30.2	ENCOUNTER FOR STERILIZATION	58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	Approved	Met Medical Necessity Criteria
HA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
HA	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
HA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPH-DENECTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	M87.859	OTHER OSTEONECROSIS, UNSPECIFIED FEMUR	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ ALGRFT	Approved	Met Medical Necessity Criteria
HA	Outpatient	Z01.20	ECTR FOR DENTAL EXAM AND CLEANING W/O AB FIND	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Partially Denied	
HA	Outpatient	Z01.20	ECTR FOR DENTAL EXAM AND CLEANING W/O AB FIND	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Partially Denied	
HA	Outpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
HA	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBO-SACR RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBO-SACR RG	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBO-SACR RG	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBO-SACR RG	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Medical Benefit Drug	H55.89	OTHER IRREGULAR EYE MOVEMENTS	Q5115	Inj truxima 10 mg	Approved	
HA	Outpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	

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HA	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
HA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	Administrative Approval
HA	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Approved	
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Administrative Approval
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	Administrative Approval
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
HA	Medical Benefit Drug	D70.8	OTHER NEUTROPENIA	Q5101	Injection, zarxio	Denied	
OCTAVE	Inpatient	O36.4XX1	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 1	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	
OCTAVE	Inpatient	B00.9	HERPESVIRAL INFECTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	Approved	
OCTAVE	Inpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	Q5005	Hospice, inpatient hospital	Approved	
OCTAVE	Inpatient	M25.552	PAIN IN LEFT HIP	99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	O61.0	FAILED MEDICAL INDUCTION OF LABOR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K72.90	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	Approved	
OCTAVE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	Approved	
OCTAVE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	Approved	

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OCTAVE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	
OCTAVE	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O34.30	MAT CARE FOR CERVICAL INCOMPETENCE UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	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	
OCTAVE	Inpatient	I60.9	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O08.89	OTHER COMP FOL AN ECTOPIC AND MOLAR PREGNANCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	K35.30	AQT APPENDICITIS LOC PERITONITIS, W/O PERF/ GANGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E87.29	OTHER ACIDOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	O60.10X0	PRETERM LABOR W PRETERM DELIVERY UNSP TRI UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	Approved	
OCTAVE	Inpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99255	IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	P22.0	RESPIRATORY DISTRESS SYNDROME OF NEWBORN	99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	Approved	
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S82.91XA	UNSP FRACTURE RIGHT LOWER LEG INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	M25.512	PAIN IN LEFT SHOULDER	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	

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OCTAVE	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O42.913	PRETRM PREM ROM USP TIME BT RUP&ONST LAB 3RD TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Q5005	Hospice, inpatient hospital	Approved	
OCTAVE	Inpatient	K92.1	MELENA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	Z76.89	PERSONS ECTR HEALTH SERV IN OTH CIRCUMSTANCES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G92.9	UNSPECIFIED TOXIC ENCEPHALOPATHY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E83.52	HYPERCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	
OCTAVE	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T81.49XA	INFECTION FOL A PROCEDURE, OTHER SRG SITE, INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
OCTAVE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	
OCTAVE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	
OCTAVE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22830	EXPLORATION SPINAL FUSION	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J2405	Ondansetron hcl injection	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J1308	Inj, famotidine, 0.25 mg	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J1200	Diphenhydramine hcl injectio	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J3475	Inj magnesium sulfate	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J0640	Leucovorin calcium injection	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J9260	Inj methotrexate sodium 50mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J3480	Inj potassium chloride	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J1100	Dexamethasone sodium phos	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J7050	Normal saline solution infus	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
OCTAVE	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	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
OCTAVE	Inpatient	R59.1	GENERALIZED ENLARGED LYMPH NODES	32606	THORACOSCOPY DX MEDIASTINAL SPACE W/ BIOPSY SPX	Approved	
OCTAVE	Inpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Approved	
OCTAVE	Inpatient	Z93.2	ILEOSTOMY STATUS	43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	Approved	
OCTAVE	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
OCTAVE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	O63.9	LONG LABOR, UNSPECIFIED	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	C81.70	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	J9034	Inj., bendeka 1 mg	Approved	
OCTAVE	Inpatient	O11.9	PRE-EXIST HYPERTENSION W PRE-ECLAMPSIA UNSP TRI	59409	VAGINAL DELIVERY ONLY	Approved	
OCTAVE	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
OCTAVE	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	J3490	Drugs unclassified injection	Approved	
OCTAVE	Inpatient	M65.071	ABSCESS OF TENDON SHEATH, RIGHT ANKLE AND FOOT	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	
OCTAVE	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	
OCTAVE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	Approved	
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
OCTAVE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
OCTAVE	Inpatient	C71.1	MALIGNANT NEOPLASM OF FRONTAL LOBE	Q5006	Hospice in hospice facility	Approved	
OCTAVE	Inpatient	M47.10	OTHER SPONDYLS WITH MYELOPATHY SITE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
OCTAVE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
OCTAVE	Inpatient	K65.1	PERITONEAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	R53.1	WEAKNESS	H2001	Rehabilitation program 1/2 d	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	Z94.82	INTESTINE TRANSPLANT STATUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
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	
OCTAVE	Inpatient	M97.31XA	PERIPROSTH FX AROUND INTERNAL PROS R SHLD JT INI	24515	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/ WOCERCLAGE	Approved	
OCTAVE	Inpatient	M97.31XA	PERIPROSTH FX AROUND INTERNAL PROS R SHLD JT INI	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLE-NOID COMPNT	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
OCTAVE	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
OCTAVE	Inpatient	E83.42	HYPOMAGNESEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S10.93XA	CONTUSION OF USP PART OF NECK INITIAL ENCOUNTER	21501	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	Approved	

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OCTAVE	Inpatient	R06.00	DYSYPNEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	P22.0	RESPIRATORY DISTRESS SYNDROME OF NEWBORN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R57.0	CARDIOGENIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	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	
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO-GRF/STENT	Approved	
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMO-NARY BYP	Approved	
OCTAVE	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S36.113A	LACERAT LIVER USP DEGREE INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C77.2	SEC AND UNSP MALIG NEOPLASM OF INTRA-ABD NODES	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	
OCTAVE	Inpatient	C77.2	SEC AND UNSP MALIG NEOPLASM OF INTRA-ABD NODES	38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R57.1	HYPOVOLEMIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R10.30	LOWER ABDOMINAL PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	P22.0	RESPIRATORY DISTRESS SYNDROME OF NEWBORN	99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	



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OCTAVE	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R40.4	TRANSIENT ALTERATION OF AWARENESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C05.0	MALIGNANT NEOPLASM OF HARD PALATE	38724	CERVICAL LYPHAEDEC MODIFIED RADICAL NECK DSJ	Approved	
OCTAVE	Inpatient	C05.0	MALIGNANT NEOPLASM OF HARD PALATE	31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	Approved	
OCTAVE	Inpatient	C05.0	MALIGNANT NEOPLASM OF HARD PALATE	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
OCTAVE	Inpatient	C05.0	MALIGNANT NEOPLASM OF HARD PALATE	13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	Approved	
OCTAVE	Inpatient	C05.0	MALIGNANT NEOPLASM OF HARD PALATE	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Approved	
OCTAVE	Inpatient	K80.51	ST1 BILE DUX W/O CHOLANGITIS OR CHOLECYST W OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	L89.94	PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 4	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	Approved	
OCTAVE	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
OCTAVE	Inpatient	F10.129	ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J96.20	AC & CHR RESP FAIL UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	P81.9	DISTURB OF TEMPERATURE REGULATION OF NEWBORN USP	99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	Approved	
OCTAVE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K64.9	UNSPECIFIED HEMORRHOIDS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I82.529	CHRONIC MBLSM AND THROMBOSIS OF USP ILIAC VEIN	35558	BYPASS W/VEIN FEMORAL-FEMORAL	Approved	

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OCTAVE	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R06.02	SHORTNESS OF BREATH	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	G03.9	MENINGITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	G93.5	COMPRESSION OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
OCTAVE	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDUL-LA & CORD	Approved	
OCTAVE	Inpatient	G93.5	COMPRESSION OF BRAIN	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
OCTAVE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTSB ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R57.8	OTHER SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R57.9	SHOCK, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K85.91	ACUTE PANCREATITIS W UNINFECTED NECROSIS UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRO-NEPHROSIS	50544	LAPAROSCOPY SURG PYELOPLASTY	Approved	
OCTAVE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRO-NEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	
OCTAVE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRO-NEPHROSIS	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
OCTAVE	Inpatient	K76.82	HEPATIC ENCEPHALOPATHY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	F19.939	OTH PSYCHOACT SUB USE UNSP WITH WITHDRAWAL UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKEL-ETAL SYS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S72.21XA	DISPLACED SUBTROCHNT FRACTURE RIGHT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I42.9	CARDIOMYOPATHY, UNSPECIFIED	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O09.90	SUPRVSN OF HIGH RISK PRG UNSP UNSP TRIMES-TER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	S14.129A	CENTRAL CORD SYND@USP LV OF CERV SPINAL CORD INI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K62.5	HEMORRHAGE OF ANUS AND RECTUM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	R17	UNSPECIFIED JAUNDICE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T46.1X1A	POISONING BY CALCIUM-CHANNEL BLOCKERS ACC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	F19.939	OTH PSYCHOACT SUB USE UNSP WITH WITHDRAW-AL UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T46.1X1A	POISONING BY CALCIUM-CHANNEL BLOCKERS ACC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G40.219	LOC-REL SYM EPI W CMLX PR SEZ NTRCT W/O ST EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R25.1	TREMOR, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	L03.114	CELLULITIS OF LEFT UPPER LIMB	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	S82.899A	OTH FRACTURE OF UNSP LOWER LEG, INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T50.902A	POISN BY UNSP DRUG/MEDS/BIOL SUBST SLF-HRM INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	R57.0	CARDIOGENIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	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	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	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	
OCTAVE	Inpatient	K57.21	DVTRCLI OF LG INT W PERF AND ABSCESS W BLEEDING	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	V87.7XXA	PERSON INJURED IN COL BETW OTH MTR VEH INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S06.6XAA	TRAUM SUBRAC HEM W LOC STAT UNKNOWN, INIT ENCNR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O23.00	INFECTIONS OF KIDNEY IN PREGNANCY USP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	T78.2XXA	ANAPHYLACTIC SHOCK UNSPECIFIED INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Approved	
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	Approved	
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMO-NARY BYP	Approved	
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO-GRF/STENT	Approved	
OCTAVE	Inpatient	K31.7	POLYP OF STOMACH AND DUODENUM	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	
OCTAVE	Inpatient	K31.7	POLYP OF STOMACH AND DUODENUM	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
OCTAVE	Inpatient	S32.010A	WEDGE COMPRSN FX FIRST LUMBAR VERTEBRA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDUL-LA & CORD	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	D43.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN USP	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
OCTAVE	Inpatient	D43.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN USP	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
OCTAVE	Inpatient	D43.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN USP	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
OCTAVE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
OCTAVE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
OCTAVE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANAS-TOMOSIS	Approved	
OCTAVE	Inpatient	Z93.3	COLOSTOMY STATUS	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COL-ECTOMY	Approved	
OCTAVE	Inpatient	Z93.3	COLOSTOMY STATUS	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
OCTAVE	Inpatient	S06.6XAA	TRAUM SUBRAC HEM W LOC STAT UNKNOWN, INIT ENCNR	H2001	Rehabilitation program 1/2 d	Approved	
OCTAVE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	Approved	
OCTAVE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMO-NARY BYP	Approved	
OCTAVE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	Approved	

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OCTAVE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
OCTAVE	Inpatient	P22.0	RESPIRATORY DISTRESS SYNDROME OF NEWBORN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
OCTAVE	Inpatient	Q67.4	OTHER CONG DEFORMITIES OF SKULL FACE AND JAW	21196	RCNSTJ MNDBLR RAMI&BDY SGT L SPLT W/INT RGD FI	Approved	
OCTAVE	Inpatient	Q67.4	OTHER CONG DEFORMITIES OF SKULL FACE AND JAW	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	Approved	
OCTAVE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Approved	
OCTAVE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/ BYPASS	Approved	
OCTAVE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMO-NARY BYP	Approved	
OCTAVE	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
OCTAVE	Inpatient	I70.201	UNSP ATHSCL NATIVE ARTERIES OF EXTREM RIGHT LEG	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	Approved	
OCTAVE	Inpatient	K25.9	GSTR ULCER UNSP AS AC OR CHR W/O HEMOR OR PERF	43635	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	Approved	
OCTAVE	Inpatient	K25.9	GSTR ULCER UNSP AS AC OR CHR W/O HEMOR OR PERF	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	
OCTAVE	Inpatient	T84.216A	BREAKDOWN OF INT FIX OF VERTEBRAE INIT	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	
OCTAVE	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDUL-LA & CORD	Approved	
OCTAVE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
OCTAVE	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
OCTAVE	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	Approved	
OCTAVE	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
OCTAVE	Inpatient	T84.498A	MECH COMPL OF INT ORTH DEV IMPLNT AND GRAFTS INI	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	

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OCTAVE	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	H2001	Rehabilitation program 1/2 d	Approved	
OCTAVE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
OCTAVE	Inpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
OCTAVE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R072	PRECORDIAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Approved	
OCTAVE	Inpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
OCTAVE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5115	Inj truxima 10 mg	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	J1602	Golimumab for iv use 1mg	Approved	
OCTAVE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	Q5115	Inj truxima 10 mg	Approved	
OCTAVE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
OCTAVE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	S9338	Hit immunotherapy diem	Approved	
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	J1557	Gammaplex injection	Approved	
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J3262	Tocilizumab injection	Approved	
OCTAVE	Medical Benefit Drug	M32.14	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
OCTAVE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
OCTAVE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
OCTAVE	Medical Benefit Drug	Z79.69	LNG TRM (CRNT) IMMUNOMODULATOR&IMMUNO-SUPPRESSANT	Q5119	Inj ruxience, 10 mg	Approved	
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0588	Incobotulinumtoxin a	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	
OCTAVE	Outpatient	C91.52	ADULT T-CELL LYMPHOMA/LEUKEMIA IN RELAPSE	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	



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OCTAVE	Outpatient	C91.52	ADULT T-CELL LYMPHOMA/LEUKEMIA IN RELAPSE	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
OCTAVE	Medical Benefit Drug	R39.15	URGENCY OF URINATION	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Medical Benefit Drug	E83.31	FAMILIAL HYPOPHOSPHATEMIA	J0584	Injection, burosumab-twza 1m	Approved	
OCTAVE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J0717	Certolizumab pegol inj 1mg	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
OCTAVE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
OCTAVE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACER-BATION	J9332	Inj efgartigimod 2mg	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Approved	
OCTAVE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCE-DURE	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5119	Inj ruxience, 10 mg	Approved	
OCTAVE	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRA-TION	Approved	
OCTAVE	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	
OCTAVE	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/ TRNS	Approved	
OCTAVE	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ ADMN	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5119	Inj ruxience, 10 mg	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
OCTAVE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	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	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
OCTAVE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	S9379	Hit noc per diem	Approved	
OCTAVE	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	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
OCTAVE	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/ GRO	Approved	
OCTAVE	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	J38.3	OTHER DISEASES OF VOCAL CORDS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G43.E19	CHRNK MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.E19	CHRNK MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	L40.3	PUSTULOSIS PALMARIS ET PLANTARIS	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI- CATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
OCTAVE	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1628	Inj., guselkumab, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NONDOMINANT SIDE	J0588	Incobotulinumtoxin a	Approved	
OCTAVE	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NONDOMINANT SIDE	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
OCTAVE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5119	Inj ruxience, 10 mg	Approved	
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	M32.14	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
OCTAVE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
OCTAVE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Approved	
OCTAVE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
OCTAVE	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J1628	Inj., guselkumab, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	
OCTAVE	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1602	Golimumab for iv use 1mg	Approved	
OCTAVE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
OCTAVE	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
OCTAVE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5006	Hospice in hospice facility	Denied	Administrative
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Denied	Administrative

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OCTAVE	Inpatient	N61.1	ABSCSS OF THE BREAST AND NIPPLE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Denied	CMD
OCTAVE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	CMD
OCTAVE	Inpatient	N20.9	URINARY CALCULUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MAN-IFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	T18.128A	FOOD IN ESOPH CAUSING OTHER INJURY INITIAL ECTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	J98.11	ATELECTASIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	CMD
OCTAVE	Inpatient	L53.9	ERYTHEMATOUS CONDITION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Denied	CMD
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
OCTAVE	Medical Benefit Drug	K52.89	OT NONINFECTIVE GASTROENTERITIS&COLITIS	Q5103	Injection, inflectra	Denied	Administrative

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OCTAVE	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J1628	Inj., guselkumab, 1 mg	Denied	Administrative
OCTAVE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Denied	Administrative
OCTAVE	Outpatient	E16.2	HYPOGLYCEMIA, UNSPECIFIED	74178	CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
OCTAVE	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	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
OCTAVE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Denied	Administrative
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Administrative
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	S9542	Ht inj noc per diem	Denied	Administrative
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	J9334	Inj efgart-alfa 2mg hya-qvfc	Denied	Administrative
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Administrative
OCTAVE	Medical Benefit Drug	E75.22	GAUCHER DISEASE	J1786	Imuglucerase injection	Denied	Administrative
OCTAVE	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NONDOMINANT SIDE	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Denied	Administrative
OCTAVE	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NONDOMINANT SIDE	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Denied	Administrative
OCTAVE	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NONDOMINANT SIDE	J0588	Incobotulinumtoxin a	Denied	Administrative
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	J9334	Inj efgart-alfa 2mg hya-qvfc	Denied	Administrative
OCTAVE	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Denied	Administrative
OCTAVE	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Denied	Administrative
OCTAVE	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	J0585	Injection,onabotulinumtoxina	Denied	Administrative
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Denied	Administrative
OCTAVE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
OCTAVE	Medical Benefit Drug	G25.89	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVMT DISORD	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Denied	Administrative
OCTAVE	Medical Benefit Drug	G25.89	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVMT DISORD	J0585	Injection,onabotulinumtoxina	Denied	Administrative
OCTAVE	Medical Benefit Drug	G25.89	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVMT DISORD	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Denied	Administrative

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	S9988	Serv part of phase i trial	Partially Denied	Administrative