

## Cigna Arkansas Prior Authorization Report for 10012018 - 12312018

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Facility	F10.20	ON*CD*RES	Approved	
Facility	F10.20	ON*CD*RES	Approved	
Facility	T14.91XA	ON*MH*IP	Denied	Not meeting Medical Necessity
Facility	F33.2	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F10.20	S0201	Approved	
Facility	F10.20	S0201	Approved	
Facility	F33.2	H0035	Approved	
Facility	F33.2	H0035	Approved	
Facility	F33.2	S9480	Approved	
Facility	F43.23	H0035	Approved	
Facility	F43.23	H0035	Approved	
Facility	F84.0	0362T	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F34.81	IN*MH*IP	Approved	
Facility	F34.81	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F34.81	IN*MH*RES	Approved	
Facility	F34.81	IN*MH*RES	Approved	
Facility	F34.81	IN*MH*RES	Approved	
Facility	F34.81	IN*MH*RES	Approved	
Facility	F34.81	IN*MH*RES	Approved	
Facility	F32.2	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F43.10	IN*MH*IP	Approved	
Facility	30465	7795121	Approved	
Facility	G0153	0502972	Approved	
Facility	64483	0470127	Denied	MEDICAL DIRECTOR DECISION
Facility	G0399	4340680	Approved	
Facility	93656	0884982	Approved	
Facility	29887	1390353	Approved	
Facility	27134	0885528	Approved	
Facility	41899	0884793	Approved	
Facility	93656	3599948	Approved	
Facility	27130	0886557	Approved	
Facility	29877	9987349	Denied	MEDICAL DIRECTOR DECISION
Facility	99601	0502972	Approved	

Facility	74178	3599948	Denied	MEDICAL DIRECTOR DECISION
Facility	J0585	6400852	Approved	
Facility	29828	0873822	Approved	
Facility	64493	0885528	Approved	
Facility	29823	0873822	Approved	
Facility	95805	4340680	Approved	
Facility	58150	0883932	Approved	
Facility	93657	3599948	Approved	
Facility	29824	3527421	Denied	MEDICAL DIRECTOR DECISION
Facility	29888	2187515	Approved	
Facility	95810	2714221	Approved	
Facility	29874	1390353	Approved	
Facility	27524	9081724	Approved	
Facility	29881	1390353	Approved	
Facility	J1459	1877137	Approved	
Facility	20912	7795121	Approved	
Facility	19318	3527421	Denied	MEDICAL DIRECTOR DECISION
Facility	23410	0886011	Approved	
Facility	27570	3527421	Approved	
Facility	L8614	5128300	Approved	
Facility	95810	4340680	Approved	
Facility	29888	3920108	Approved	
Facility	63030	0702030	Approved	
Facility	95806	0502972	Approved	
Facility	19318	0811628	Approved	
Facility	58150	0702030	Approved	
Facility	29881	0884331	Approved	
Facility	23071	3527421	Denied	MEDICAL DIRECTOR DECISION
Facility	64484	0470127	Denied	MEDICAL DIRECTOR DECISION
Facility	33800	0701988	Approved	
Facility	64495	2349852	Approved	
				UNPROVEN
Facility	30999	2187515	Denied	TECHNOLOGY/INTERVENTION
Facility	23700	2187515	Approved	
Facility	95810	0502972	Approved	
Facility	43644	0702303	Approved	
Facility	64491	0886914	Approved	
Facility	41899	0884793	Denied	MEDICAL DIRECTOR DECISION
Facility	19357	0702030	Approved	
Facility	20902	9987349	Approved	
Facility	19303	0702030	Approved	
Facility	C1822	8706763	Approved	
Facility	29880	2187515	Approved	
Facility	64491	0886914	Denied	MEDICAL DIRECTOR DECISION
Facility	G0423	3527421	Approved	
Facility	29877	8706763	Approved	
Facility	64493	2349852	Approved	

Facility	29886	1390353	Approved	
Facility	44147	3599948	Approved	
Facility	29824	2349852	Approved	
Facility	58573	0702030	Approved	
Facility	22845	8706763	Approved	
Facility	64492	0886914	Approved	
Facility	64483	2569040	Approved	
Facility	64483	0484255	Approved	
Facility	S9330	7656862	Approved	
Facility	27447	0885990	Approved	
Facility	27447	3527421	Approved	
Facility	29828	0886011	Approved	
Facility	81217	4293017	Denied	MEDICAL DIRECTOR DECISION
Facility	29826	0873822	Approved	
Facility	36471	0000019	Denied	PEER TO PEER UPHELD
Facility	29827	2187515	Denied	MEDICAL DIRECTOR DECISION
Facility	G0422	3527421	Approved	
Facility	47605	0883638	Approved	
Facility	19340	9987349	Approved	
Facility	29881	9987349	Denied	MEDICAL DIRECTOR DECISION
Facility	G0299	6908112	Approved	
Facility	62321	3920108	Approved	
Facility	S9328	9233803	Approved	
Facility	21110	0700665	Denied	NON-COVERED BENEFIT
Facility	64484	2569040	Approved	
Facility	81212	4293017	Denied	MEDICAL DIRECTOR DECISION
Facility	95810	0884793	Approved	
Facility	29877	3920108	Approved	
Facility	19342	0702030	Approved	
Facility	22856	3527421	Approved	
Facility	63047	0449148	Approved	
Facility	15777	9987349	Approved	
Facility	29826	3527421	Denied	MEDICAL DIRECTOR DECISION
Facility	J1745	0884793	Approved	
Facility	J2323	6400852	Approved	
Facility	44204	9987349	Approved	
Facility	21235	0885528	Approved	
Facility	54161	3527421	Approved	
Facility	64490	0886914	Approved	
Facility	G0156	0502972	Approved	
Facility	19318	0811628	Denied	NON-COVERED BENEFIT
Facility	34845	3527421	Approved	
Facility	62321	0964817	Approved	
Facility	64493	0484255	Denied	MEDICAL DIRECTOR DECISION
Facility	27096	0885528	Denied	MEDICAL DIRECTOR DECISION
Facility	36478	0836094	Approved	
Facility	29885	1390353	Approved	

Facility	27447	3599948	Approved	
Facility	95811	0502972	Approved	
Facility	81215	4293017	Denied	MEDICAL DIRECTOR DECISION
Facility	50949	0836514	Approved	
Facility	0191T	0827526	Approved	
Facility	29822	2187515	Denied	MEDICAL DIRECTOR DECISION
Facility	29879	0884331	Approved	
Facility	42140	3527421	Approved	
Facility	64483	1390353	Denied	MEDICAL DIRECTOR DECISION
Facility	21235	7795121	Approved	
Facility	69930	5128300	Approved	
Facility	27130	9987349	Approved	
Facility	64483	4811510	Approved	
Facility	15777	0702030	Approved	
Facility	47600	0883638	Approved	
Facility	38571	0702030	Approved	
Facility	64494	2349852	Approved	
Facility	47600	3599948	Approved	
Facility	95800	0502972	Approved	
Facility	19355	0811628	Denied	NON-COVERED BENEFIT
Facility	29855	0884331	Approved	
Facility	22633	0885528	Approved	
Facility	64484	0484255	Approved	
Facility	95806	2714221	Approved	
Facility	19380	2860168	Approved	
Facility	43886	0883659	Approved	
Facility	63685	8706763	Approved	
Facility	19318	3527421	Approved	
Facility	29827	3527421	Denied	MEDICAL DIRECTOR DECISION
Facility	G0399	0502972	Approved	
Facility	23472	0883638	Approved	
Facility	29824	2187515	Denied	MEDICAL DIRECTOR DECISION
Facility	G0299	0502972	Approved	
Facility	29827	0873822	Approved	
Facility	22600	3599948	Approved	
Facility	29826	0886011	Approved	
Facility	27447	0885990	Denied	MEDICAL DIRECTOR DECISION
Facility	42210	0884793	Approved	
Facility	63030	0964817	Approved	
Facility	29827	2349852	Approved	
Facility	64492	0886914	Denied	MEDICAL DIRECTOR DECISION
Facility	29881	8706763	Approved	
Facility	29826	2349852	Approved	
Facility	64490	0886914	Denied	MEDICAL DIRECTOR DECISION
MD	F33.2	90868	Denied	Not meeting Medical Necessity
Provider	64495	6185843	Denied	MEDICAL DIRECTOR DECISION
Provider	27096	2372974	Approved	

Provider	64494	6185843	Denied	MEDICAL DIRECTOR DECISION
Provider	64483	2603270	Approved	
Provider	64636	6185843	Approved	
Provider	64493	6185843	Denied	MEDICAL DIRECTOR DECISION
Provider	36478	6502476	Approved	
Provider	J0717	4598079	Denied	MEDICAL DIRECTOR DECISION
Provider	21085	6918619	Denied	NON-COVERED BENEFIT
Provider	15877	6968092	Denied	NON-COVERED BENEFIT
Provider	27096	6185843	Approved	
Provider	15830	6968092	Denied	NON-COVERED BENEFIT
Provider	62321	2372974	Approved	
Provider	27096	2372974	Denied	MEDICAL DIRECTOR DECISION
Provider	62323	6185843	Approved	
Provider	J0897	4213450	Approved	
Provider	64636	0790152	Approved	
Provider	J9035	2220022	Approved	
Provider	36475	0468850	Approved	
Provider	21127	1642669	Denied	MEDICAL DIRECTOR DECISION
Provider	15847	6968092	Denied	NON-COVERED BENEFIT
Provider	15839	6968092	Denied	NON-COVERED BENEFIT
Provider	62321	6185843	Approved	
Provider	64483	6348945	Denied	MEDICAL DIRECTOR DECISION
Provider	64635	0790152	Approved	
Provider	62321	6185843	Denied	MEDICAL DIRECTOR DECISION
Provider	27096	6185843	Denied	MEDICAL DIRECTOR DECISION
Provider	64635	6185843	Approved	
		OTHER		
		SPONDYLOSIS		
		WITH		
		RADICULOPATH		
		Y,		
		LUMBOSACRAL	Partially	
	M47.27	REGION	Denied	Medical Director Review
		OTHER		
		SPECIFIED		
		DISORDERS OF	Partially	
	M62.89	MUSCLE	Denied	Medical Director Review
		SEGMENTAL		
		AND SOMATIC		
		DYSFUNCTION		
		OF THORACIC	Partially	
	m99.02	REGION	Denied	Medical Director Review
		CERVICOBRACH	Partially	
	m53.1	IAL SYNDROME	Denied	Medical Director Review

	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Partially Denied	Medical Director Review
m99.03			
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Partially Denied	Medical Director Review
m99.03			
	LUMBAGO WITH SCIATICA, LEFT SIDE	Partially Denied	Medical Director Review
m54.42			
M54.5	LOW BACK PAIN	Approved	
	MUSCLE SPASM OF BACK	Partially Denied	Medical Director Review
M62.830			
Z00.00	95800	Approved	
G47.33	G0399	Approved	
G47.30	95806	Approved	
G47.33	95811	Approved	
G47.419	95805	Approved	
G47.419	95810	Approved	
G47.33	G0399	Approved	
G47.33	G0399	Approved	
G47.30	95806	Approved	
G47.19	G0399	Approved	
G47.33	95800	Approved	
G47.10	95800	Approved	
G47.30	95811	Denied	Medical Director Review
G47.33	95811	Denied	Medical Director Review
G47.33	95810	Denied	Medical Director Review
G47.33	95811	Denied	Medical Director Review
G47.33	95811	Denied	Medical Director Review
G47.33	95810	Approved	
R06.83	G0399	Approved	
G47.30	95806	Approved	
G47.33	G0399	Approved	
R06.83	95800	Approved	
G47.33	G0399	Approved	
G47.33	95811	Approved	
G47.30	G0398	Approved	
G47.33	G0399	Approved	
G47.30	G0399	Approved	
Z86.73	G0399	Approved	

G47.33	G0399	Approved	
G47.19	95810	Approved	
G47.19	95805	Approved	
G47.33	95806	Approved	
G47.19	G0399	Approved	
G47.30	G0398	Approved	
G47.33	95810	Approved	
G47.33	95805	Approved	
G47.33	95811	Denied	Medical Director Review
G47.33	95811	Denied	Medical Director Review
G47.33	95811	Denied	Medical Director Review
G47.33	95811	Denied	Medical Director Review
G47.33	95810	Denied	Medical Director Review
G47.33	95810	Denied	Medical Director Review
G47.33	95810	Denied	Medical Director Review
G47.33	95811	Denied	Medical Director Review
G47.33	95806	Denied	Medical Director Review
G47.33	95811	Denied	Medical Director Review
G47.10	G0399	Approved	
G47.33	G0399	Approved	
G47.33	95800	Approved	
G47.33	95806	Approved	
G47.33	95806	Approved	
G47.33	G0399	Approved	
G47.33	95811	Approved	
G47.19	G0399	Approved	
R06.83	G0399	Approved	
Z72.820	95782	Approved	
G47.13	95800	Approved	
Z72.820	95805	Approved	
R06.81	95806	Approved	
G47.33	G0399	Approved	
G47.33	95811	Denied	Medical Director Review
G47.30	95811	Denied	Medical Director Review
R06.81	95810	Denied	Medical Director Review
G47.30	95811	Denied	Medical Director Review
G47.19	95810	Denied	Medical Director Review

C50.411	Malignant neoplasm of upper-outer quadrant of righ	Approved	
---------	---	----------	--

C64.9	Malignant neoplasm of unspecified kidney, except r	Approved	
-------	---	----------	--

C50.912	Malignant neoplasm of unspecified site of left fem	Approved	
C50.411	Malignant neoplasm of upper-outer quadrant of righ	Approved	
C64.2	Malignant neoplasm of left kidney, except renal pe	Approved	
C50.412	Malignant neoplasm of upper-outer quadrant of left	Approved	
C50.412	Malignant neoplasm of upper-outer quadrant of left	Approved	
C50.412	Malignant neoplasm of upper-outer quadrant of left	Approved	
C50.412	Malignant neoplasm of upper-outer quadrant of left	Approved	
C50.811	Malignant neoplasm of overlapping sites of right f Secondary malignant neoplasm of	Denied	Clinical history and indications submitted fail to meet medical necessity criteria
C79.31	brain	Approved	
C50.212	Malignant neoplasm of upper-inner quadrant of left	Approved	



C34.90	Malignant neoplasm of unspecified part of unspecified RADICULOPATHY CERVICAL REGION	Denied	Medical necessity denial
M54.12	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	Approved	
H47.11	STRESS FX UNSUBSEQUENT ENC FX RTN HEAL	Approved	
M84.353D	HEAL	Approved	
M26.69	OTHER SPECIFIED DISORDER TEMPOROMANDIBULAR JOINT Papilledema associated with increased intracranial pressure	Approved	
H47.11	OTHER SPECIFIED DISORDERS OF BONE ANKLE AND FOOT	Approved	
M89.8X7	Stress fracture; unspecified femur; subsequent encounter for fracture with routine healing	Approved	
M84.353D	PAIN IN RIGHT SHOULDER	Approved	
M25.511	SHOULDER	Approved	

H47.11	Papilledema associated with increased intracranial pressure	Approved	
H47.11	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	Approved	
M54.2	CERVICALGIA	Denied	Medical Director Review
M25.511	PAIN IN RIGHT SHOULDER LOCALIZED SWELLING MASS AND LUMP TRUNK	Approved	
R22.2	DIZZINESS AND GIDDINESS	Denied	Medical Director Review
R42	CALCULUS BD W/CHOLECYSTITIS UNS W/OBSTRUCTION	Approved	
K80.41	Calculus of bile duct with cholecystitis; unspecified; with obstruction	Approved	
K80.41	OTHER INSTABILITY	Approved	
M25.352	LEFT HIP	Approved	
M54.2	CERVICALGIA	Denied	Medical Director Review
H47.11	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	Denied	Medical Director Review
M25.352	OTHER INSTABILITY	Approved	
M25.352	LEFT HIP	Approved	

H47.11	Papilledema associated with increased intracranial pressure	Denied	Medical Director Review
S06.0X1A	CONCUSSION W/LOC 30 MIN/LESS INITIAL ENCOUNTER ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD	Approved	
R93.0	NEC FRACTURE NASAL BONES INITIAL ENCOUNTER	Approved	
S02.2XXA	CLOSED FX Fracture of nasal bones; initial encounter for closed fracture	Approved	
S02.2XXA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O	Approved	
G43.709	SM	Approved	
S62.002K	Unspecified fracture of navicular [scaphoid] bone of left wrist; subsequent encounter for fracture with nonunion	Denied	Medical Director Review
D48.1	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	Denied	Medical Director Review

M62.9	DISORDER OF MUSCLE UNSPECIFIED	Approved	
C56.1	Malignant neoplasm of right ovary	Approved	
M25.512	PAIN IN LEFT SHOULDER	Approved	
I63.9	CEREBRAL INFARCTION UNSPECIFIED	Approved	
I63.9	CEREBRAL INFARCTION UNSPECIFIED	Approved	
C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	
M25.562	PAIN IN LEFT KNEE	Approved	
R19.07	Generalized intra-abdominal and pelvic swelling; mass and lump	Approved	
S89.92XA	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	Approved	
M25.522	PAIN IN LEFT ELBOW	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Approved	
D33.3	Benign neoplasm of cranial nerves	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Director Review
M25.562	PAIN IN LEFT KNEE	Approved	
R10.84	GENERALIZED ABDOMINAL PAIN	Approved	

M25.512	PAIN IN LEFT SHOULDER	Approved	
C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	
M48.02	SPINAL STENOSIS CERVICAL REGION	Approved	
M48.02	SPINAL STENOSIS CERVICAL REGION	Approved	
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale	Denied	Medical Director Review
S83.281A	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	Approved	
S53.401A	UNSPECIFIED SPRAIN RIGHT ELBOW INITIAL ENCOUNTER	Approved	
I25.10	ASHD NATIVE CORONARY ARTERY W/O ANGINA	Denied	Medical Director Review
G51.0	PECTORIS BELLS Palsy ENCOUNTER	Denied	Medical Director Review
Z12.31	SCREENING MAMMO MALIG NEOPLASM BREAST	Approved	
G89.29	OTHER CHRONIC PAIN	Denied	Medical Director Review

C34.91	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LU NG	Approved	
M47.892	OTHER SPONDYLOSIS CERVICAL REGION	Approved	
S83.232A	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	Approved	
I71.2	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	Approved	
C90.02	Multiple myeloma in relapse	Approved	
C83.80	OTHER NON- FOLLICULAR LYMPHOMA UNSPECIFIED SITE	Approved	
M53.3	SACROCOCCY G EAL DISORDERS NEC	Approved	
M25.562	PAIN IN LEFT KNEE	Denied	Medical Director Review
C50.919	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Approved	
M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Denied	Medical Director Review
M54.9	DORSALGIA UNSPECIFIED	Approved	

	RADICULOPATHY LUMBAR REGION	Denied	Medical Director Review
M54.16			
K76.9	Liver disease; unspecified	Approved	
	CHEST PAIN UNSPECIFIED	Denied	Medical Director Review
R07.9			
	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMBAR RGN	Approved	
M51.16			
	CHRONIC MAXILLARY SINUSITIS	Approved	
J32.0			
	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Director Review
M17.12			
	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Director Review
K21.9			
	CERVICALGIA	Denied	Medical Director Review
M54.2			
	LOW BACK PAIN	Approved	
M54.5			
	CEREBRAL ANEURYSM NONRUPTURED OTHER	Approved	
I67.1			
	CHRONIC PAIN	Denied	Medical Director Review
G89.29			
	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	
M17.11			
	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY	Approved	
M47.816			
	LUMBAR RGN PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	Approved	
M19.011			

Z12.89	ENCOUNTER SCREENING MALIGNANT NEOPLASM OTH SITES	Denied	Medical Director Review
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	
I25.10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Denied	Medical Director Review
R91.1	SOLITARY PULMONARY NODULE OTH ABNORM & INCONCLUSIVE FIND ON DX	Approved	
R92.8	IMAG BREAST SECONDARY MALIGNANT NEOPLASM OF	Approved	
C79.31	BRAIN	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Approved	
D72.829	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	Denied	Medical Director Review
M54.2	CERVICALGIA	Denied	Medical Director Review
R31.21	Asymptomatic microscopic hematuria	Approved	
R10.13	EPIGASTRIC PAIN	Approved	
R91.1	SOLITARY PULMONARY NODULE	Approved	



K76.0	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED OTHER SPECIFIED	Denied	Medical Director Review
K76.89	DISEASES OF LIVER ABSENCE EPIL SYNDROME NOT INTRACTABLE	Approved	
G40.A09	W/O SE COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT	Denied	Medical Director Review
M75.122	TRAUMAT GENERALIZED ABDOMINAL	Approved	
R10.84	PAIN PAIN IN LEFT	Approved	
M25.512	SHOULDER SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.816	LUMB RGN OTHER SPEC DM W/DIABETIC NEUROPATHY	Approved	
E13.40	UNSPECIFIED SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.816	LUMB RGN	Approved	
R94.31	Abnormal electrocardiogr am [ECG] [EKG] OTHER SPONDYLOSIS LUMBAR	Denied	Medical Director Review
M47.896	REGION	Approved	

R10.32	LEFT LOWER QUADRANT PAIN	Approved	
N93.9	Abnormal uterine and vaginal bleeding; unspecified ENLARGED LYMPH NODES	Denied	Medical Director Review
R59.9	UNSPECIFIED Pulsatile tinnitus;	Denied	Medical Director Review
H93.A3	bilateral Occlusion and stenosis of left carotid artery	Approved	
I65.22	Malignant neoplasm of overlapping sites of right female breast	Denied	Medical Director Review
C50.811	EPISODIC PAROXYSMAL HEMICRANIA NOT	Approved	
G44.039	INTRACTABLE DISEASE OF SPINAL CORD	Denied	Medical Director Review
G95.9	UNSPECIFIED DEMYELINATING DZ CENTRAL NERVOUS	Approved	
G37.9	SYSTEM UNSPECIFIED NARCOLEPSY WITHOUT	Approved	
G47.419	CATAPLEXY	Approved	
R31.9	HEMATURIA UNSPECIFIED VENTRICULAR PREMATURE DEPOLARIZATION	Approved	
I49.3		Approved	

C50.811	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	Approved	
S43.391A	SUBLUXATION OTH PARTS RT SHOULDER GIRDLE INIT Unspecified foreign body in pharynx causing other injury; initial	Denied	Medical Director Review
T17.208A	encounter	Denied	Medical Director Review
M25.511	PAIN IN RIGHT SHOULDER UNSPECIFIED DISTURBANCES OF SKIN	Approved	
R20.9	SENSATION MALIGNANT NEOPLASM OF COLON	Approved	
C18.9	UNSPECIFIED OTHER SPECIFIED MONONEUROP ATHIES	Denied	Medical Director Review
G58.8	RADICULOPATH Y LUMBOSACRAL REGION	Approved	
M54.17		Approved	
C64.9	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Approved	

S32.021A	Stable burst fracture of second lumbar vertebra; initial encounter for closed fracture	Approved	
M54.10	RADICULOPATHY SITE UNSPECIFIED OTHER SPONDYLOSIS LUMBAR REGION	Denied	Medical Director Review
M47.896	OTHER SPONDYLOSIS LUMBAR REGION	Denied	Medical Director Review
M47.896	OTHER SPONDYLOSIS LUMBAR REGION	Approved	
G43.109	MIGRAINE W/AURA NOT INTRACT W/O STAT	Denied	Medical Director Review
R20.2	MIGRAINOSUS PARESTHESIA OF SKIN	Approved	
M54.6	PAIN IN THORACIC SPINE	Approved	
G51.0	BELLS PALSY	Denied	Medical Director Review
M75.51	BURSITIS OF RIGHT SHOULDER	Denied	Medical Director Review
M54.5	LOW BACK PAIN	Approved	
R10.13	EPIGASTRIC PAIN	Approved	
M99.33	OSSEOUS STENOSIS NEURAL CANAL OF LUMBAR REGION	Approved	
M25.461	EFFUSION RIGHT KNEE	Approved	
R63.4	ABNORMAL WEIGHT LOSS	Denied	Medical Director Review

	OTHER SPECIFIED JOINT DISORDERS		
M25.852	LEFT HIP	Approved	
	MALIGNANT NEOPLASM OF COLON		
C18.9	UNSPECIFIED MALIGNANT NEOPLASM LT KIDNEY EXCEPT	Approved	
C64.2	RENAL PELVIS Concussion with loss of consciousness of 30 minutes or less; initial encounter	Approved	
S06.0X1A	MALIGNANT NEOPLASM RT KIDNEY EXCEPT	Approved	
C64.1	RENAL PELVIS LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED	Denied	Medical Director Review
C91.90	REMISS	Approved	
	MALIG NEOPLASM UPPER-INNER QUAD LT		
C50.212	FEMALE BREAST	Approved	
	Unspecified fracture of navicular [scaphoid] bone of left wrist; subsequent encounter for fracture with nonunion		
S62.002K		Approved	

M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	
M47.893	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	Approved	
M47.893	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	Approved	
M25.512	PAIN IN LEFT SHOULDER	Denied	Medical Director Review
S62.002K	UNS FX NAVICULAR BONE LT WRIST SUB FX NONUNION	Denied	Medical Director Review
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	Denied	Medical Director Review
M54.16	RADICULOPATHY LUMBAR REGION	Approved	
G43.709	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	
M24.072	LOOSE BODY IN LEFT ANKLE	Approved	
M76.821	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	Approved	
N93.9	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	Denied	Medical Director Review

	ABNORMAL RESULT OTH CARDIOVASCUL R FUNCTION		
R94.39	STUDY	Approved	
	Liver disease;		
K76.9	unspecified	Approved	
	OTH TEAR LAT MENISC		
	CURRNT INJ RT		
S83.281A	KNEE INIT ENC	Approved	
	Benign neoplasm of		
D10.6	nasopharynx	Approved	
	OCCLUSION & STENOSIS		
	BILATERAL CAROTID		
I65.23	ARTERIES	Approved	
	OTH INTERVERTEBR AL DISC		
	DISPLACEMENT		
M51.26	LUMBAR RGN	Approved	
	Demyelinating disease of central nervous system;		
G37.9	unspecified	Approved	
	OTHER SPONDYLOSIS		
	LUMBAR		
M47.896	REGION	Denied	Medical Director Review
	VENTRICULAR PREMATURE DEPOLARIZATIO		
I49.3	N	Approved	
	TACHYCARDIA		
R00.0	UNSPECIFIED	Denied	Medical Director Review
	SPRAIN ANT CRUCIATE LIGAMENT LT		
	KNEE SUBSQ		
S83.512D	ENC	Approved	

M47.896	OTHER SPONDYLOSIS LUMBAR REGION	Denied	Medical Director Review
M47.896	OTHER SPONDYLOSIS LUMBAR REGION	Denied	Medical Director Review
M51.26	OTH INTERVERTEBR AL DISC DISPLACEMENT LUMBAR RGN	Denied	Medical Director Review
M54.12	RADICULOPATH Y CERVICAL REGION	Denied	Medical Director Review
K65.9	Peritonitis; unspecified Elevated prostate specific antigen	Approved	
R97.20	[PSA] OTHER FORMS OF ANGINA	Denied	Medical Director Review
I20.8	PECTORIS PERSONAL HISTORY	Approved	
Z85.51	MALIGNANT NEOPLASM OF BLADDER	Denied	Medical Director Review
G58.8	OTHER SPECIFIED MONONEUROP ATHIES	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Denied	Medical Director Review



I20.9	ANGINA PECTORIS UNSPECIFIED	Approved	
M47.892	OTHER SPONDYLOSIS CERVICAL REGION	Approved	
J32.4	CHRONIC PANSINUSITIS	Denied	Medical Director Review
S43.431A	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	Approved	
M54.16	RADICULOPATH Y LUMBAR REGION	Approved	
C64.9	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	
Z15.01	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	Approved	
R09.89	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	Approved	
M54.16	RADICULOPATH Y LUMBAR REGION	Denied	Medical Director Review
M25.462	EFFUSION LEFT KNEE	Denied	Medical Director Review
M25.561	PAIN IN RIGHT KNEE	Denied	Medical Director Review
S53.441A	ULNAR COLLATERAL LIG SPRAIN RT ELBOW INITIAL	Approved	
M25.561	PAIN IN RIGHT KNEE	Approved	

C34.91	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LU NG	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Approved	
K76.9	LIVER DISEASE UNSPECIFIED	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Director Review
G93.5	COMPRESSION OF BRAIN	Approved	
Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Approved	
K52.9	NONINFECTIVE GASTROENTERI TIS & COLITIS UNS	Denied	Medical Director Review
H65.22	CHRONIC SEROUS OTITIS MEDIA LEFT EAR	Denied	Medical Director Review
H65.22	Chronic serous otitis media; left ear	Denied	Medical Director Review
Q23.1	Congenital insufficiency of aortic valve	Denied	Medical Director Review
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
K76.9	LIVER DISEASE UNSPECIFIED	Approved	
R51	HEADACHE	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Approved	
M54.9	DORSALGIA UNSPECIFIED	Denied	Medical Director Review

R59.1	GENERALIZED ENLARGED LYMPH NODES	Denied	Medical Director Review
M48.00	SPINAL STENOSIS SITE UNSPECIFIED	Denied	Medical Director Review
S83.241A	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	Approved	
S46.012D	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	Approved	
H93.13	TINNITUS BILATERAL	Denied	Medical Director Review
M48.061	Spinal stenosis; lumbar region without neurogenic claud	Approved	
Q77.4	ACHONDROPLA SIA	Approved	
M47.816 R51	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN HEADACHE	Approved Approved	
G37.9	Demyelinating disease of central nervous system; unspecified	Approved	
G37.9	DEMYELINATIN G DZ CENTRAL NERVOUS SYSTEM UNS CHRONIC	Approved	
J32.0	MAXILLARY SINUSITIS	Approved	
H47.10	Unspecified papilledema	Approved	

G89.21	CHRONIC PAIN DUE TO TRAUMA	Approved	
C50.811	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	Approved	
S43.391A	Subluxation of other parts of right shoulder girdle; initial encounter	Denied	Medical Director Review
R10.32	LEFT LOWER QUADRANT PAIN	Approved	
M21.969	UNS ACQUIRED DEFORMITY UNSPECIFIED LOWER LEG	Approved	
H69.83	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	Approved	
M25.512	PAIN IN LEFT SHOULDER	Approved	
T17.208A	UNS FB PHARYNX CAUSING OTH INJURY INIT ENC	Denied	Medical Director Review
M25.852	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	Approved	
R97.20	Elevated prostate specific antigen [PSA]	Denied	Medical Director Review
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	

C91.90	Lymphoid leukemia; unspecified not having achieved remission	Approved
N30.10	INTERSTITIAL CYSTITIS CHRONIC WITHOUT HEMATURIA	Approved
R55	SYNCOPE AND COLLAPSE	Approved
R20.2	PARESTHESIA OF SKIN	Approved
M25.552	PAIN IN LEFT HIP	Approved
I35.1	Nonrheumatic aortic (valve) insufficiency	Approved
I35.1	NONRHEUMATI C AORTIC VALVE INSUFFICIENCY	Approved
C64.9	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENAL PELVIS	Approved
Q23.1	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	Approved
C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved
S32.021A	STABLE BURST FX 2ND LUMBAR VERT INIT ENC CLOS FX	Approved
C45.0	MESOTHELIOM A OF PLEURA	Approved

R10.9	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Director Review
I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Approved	
R06.00	DYSPNEA UNSPECIFIED CHEST PAIN	Denied	Medical Director Review
R07.9	UNSPECIFIED DERANG OTH MED MENISCUS D/T OLD TEAR/INJ RT	Denied	Medical Director Review
M23.231	KNEE	Approved	
C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	
S62.308A	UNS FX OTH METACARPAL BONE INITIAL ENC CLOS FX	Approved	
K76.89	OTHER SPECIFIED DISEASES OF LIVER	Approved	
E13.40	Other specified diabetes mellitus with diabetic neuropathy; unspecified	Approved	
C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
M53.3	SACROCOCCY G EAL DISORDERS NEC	Approved	
M25.551	PAIN IN RIGHT HIP	Approved	

M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved
S83.91XA	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCOUNTER	Approved
R29.818	OTHER SYMPTOMS & SIGNS INVOLVING THE NOSES	Approved
C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved
J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	Approved
M47.892	OTHER SPONDYLOSIS CERVICAL REGION	Approved
C62.00	MALIGNANT NEOPLASM UNSPECIFIED UNDESCENDED TESTIS	Approved
C62.00	MALIGNANT NEOPLASM UNSPECIFIED UNDESCENDED TESTIS	Approved
C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved

C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
M17.12	UNILATERAL PRIMARY OSTEOARTHRITI S LEFT KNEE	Approved	
C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
I35.1	Nonrheumatic aortic (valve) insufficiency	Approved	
J34.89	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	Approved	
M16.12	UNILATERAL PRIMARY OSTEOARTHRITI S LEFT HIP	Approved	
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Approved	
M43.17	SPONDYLOLIST HESIS LUMBOSACRAL REGION	Approved	
M25.521	PAIN IN RIGHT ELBOW	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Denied	Medical Director Review



C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Denied	Medical Director Review
I20.9	Angina pectoris; unspecified CHEST PAIN	Approved	
R07.9	UNSPECIFIED	Denied	Medical Director Review
M53.3	SACROCOCCYGEAL DISORDERS NEC	Approved	
G43.909	MIGRAINE UNSPECIFIED NOT INTRACTABLE W/O STATUS MIGRAINOSUS	Approved	
C50.919	MALIGNANT NEOPLASM UNSPECIFIED SITE UNSPECIFIED FEMALE BREAST	Approved	
I10	ESSENTIAL PRIMARY HYPERTENSION	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Approved	
D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Approved	
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Approved	
R19.07	GEN INTRA-ABDOMINAL & PELVIC SWELLING MASS & LUMP	Approved	
R06.02	SHORTNESS OF BREATH	Approved	

G44.59	OTHER COMPLICATED HEADACHE SYNDROME	Approved	
C50.811	Malignant neoplasm of overlapping sites of right female breast	Denied	Medical Director Review
C61	Malignant neoplasm of prostate	Denied	Medical Director Review
G93.5	COMPRESSION OF BRAIN	Approved	
M25.312	OTHER INSTABILITY LEFT SHOULDER	Approved	
C61	Malignant neoplasm of prostate	Approved	
C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
C50.811	Malignant neoplasm of overlapping sites of right female breast	Approved	
M47.896	OTHER SPONDYLOSIS LUMBAR REGION	Denied	Medical Director Review
M54.5	LOW BACK PAIN OTHER TYPES	Approved	
C82.80	OF FOLLICULAR LYMPHOMA UNSPEC SITE	Approved	
R93.8	ABNORMAL FIND ON DX IMAGING OTH SPEC BODY STRCT	Approved	

R07.9	CHEST PAIN UNSPECIFIED	Approved
M25.562	PAIN IN LEFT KNEE	Approved
C82.95	Follicular lymphoma; unspecified; lymph nodes of inguinal region and lower limb	Approved
R07.89	OTHER CHEST PAIN	Approved
M54.12	RADICULOPATH Y CERVICAL REGION	Approved
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved
G93.9	DISORDER OF BRAIN UNSPECIFIED PARALYSIS OF VOCAL CORDS AND LARYNX	Approved
J38.01	UNILATERAL SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL	Approved
S83.512A	ENC	Approved
I70.1	Atherosclerosis of renal artery	Approved
M25.511	PAIN IN RIGHT SHOULDER	Approved
R07.9	CHEST PAIN UNSPECIFIED	Approved
R07.9	CHEST PAIN UNSPECIFIED	Approved
M94.262	CHONDROMAL ACIA LEFT KNEE	Approved

	SADDLE EMBOLUS PULM ART W/O ACUTE COR		
I26.92	PULMONALE	Denied	Medical Director Review
	CHEST PAIN		
R07.9	UNSPECIFIED	Approved	
	CHEST PAIN		
R07.9	UNSPECIFIED	Approved	
	RADICULOPATH Y CERVICAL		
M54.12	REGION	Denied	Medical Director Review
	PAIN IN RIGHT		
M25.551	HIP	Approved	
	OTH TEAR LAT MENISC		
	CURRNT INJ RT		
S83.281A	KNEE INIT ENC	Approved	
	SOLITARY PULMONARY		
R91.1	NODULE	Approved	
	OTH CERVICAL DISC DEGENERATION		
	UNS CERV		
M50.30	REGION	Approved	
	ABNORMAL ELECTROCARDI		
R94.31	OGRAM	Denied	Medical Director Review
	CHEST PAIN		
R07.9	UNSPECIFIED	Approved	
G51.0	BELLS PALSY	Denied	Medical Director Review
	PAIN IN RIGHT		
M25.551	HIP	Denied	Medical Director Review
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT		
C64.2	RENAL PELVIS	Approved	
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT		
C64.2	RENAL PELVIS	Approved	
	PARESTHESIA		
R20.2	OF SKIN	Denied	Medical Director Review

C64.1	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	
I35.1	NONRHEUMATI C AORTIC VALVE INSUFFICIENCY	Approved	
Q23.1	Congenital insufficiency of aortic valve	Approved	
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Approved	
C49.12	MALIG NEOPLASM CONN SOFT TISS LT UP LIMB W/SHLDR	Approved	
N63.0	Unspecified lump in unspecified breast	Denied	Medical Director Review
M25.361	OTHER INSTABILITY RIGHT KNEE	Approved	
C45.0	MESOTHELIOM A OF PLEURA	Approved	
M23.41	LOOSE BODY IN KNEE RIGHT KNEE	Approved	
D38.1	Neoplasm of uncertain behavior of trachea; bronchus and lung	Approved	
J32.9	Chronic sinusitis; unspecified	Approved	

M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Approved	
C50.911	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Approved	
C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
M17.11	UNILATERAL PRIMARY OSTEOARTHRITI S RIGHT KNEE	Approved	
S83.232A	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	Approved	
R52	PAIN UNSPECIFIED	Denied	Medical Director Review
C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Denied	Medical Director Review
M53.3	SACROCOCCYG EAL DISORDERS NEC	Denied	Medical Director Review
C83.80	Other non- follicular lymphoma; unspecified site	Approved	
M25.512	PAIN IN LEFT SHOULDER	Denied	Medical Director Review

C50.811	Malignant neoplasm of overlapping sites of right female breast	Approved	
C50.811	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST OTHER SYMPTOMS & SIGNS INVOLVING THE	Approved	
R29.818	NS PARALYSIS OF VOCAL CORDS AND LARYNX	Approved	
J38.01	UNILATERAL PARALYSIS OF VOCAL CORDS AND LARYNX	Approved	
J38.01	UNILATERAL DERANG POST HORN LAT MENISC OLD TEAR/INJ RT	Approved	
M23.251	KNEE Malignant neoplasm of unspecified undescended	Denied	Medical Director Review
C62.00	testis Malignant neoplasm of unspecified undescended	Approved	
C62.00	testis OTH INTERVERTEBRAL DISC DEGEN THORACIC	Approved	
M51.34	REGION	Approved	
I70.1	Atherosclerosis of renal artery	Approved	

M19.011	PRIMARY OSTEOARTHRITI S RIGHT SHOULDER	Approved	
M54.14	RADICULOPATH Y THORACIC REGION	Approved	
M54.5	LOW BACK PAIN OTHER SPONDYLOSIS CERVICAL	Denied	Medical Director Review
M47.892	REGION PAIN IN LEFT	Approved	
M25.562	KNEE LUMBAGO WITH SCIATICA UNSPECIFIED	Denied	Medical Director Review
M54.40	SIDE ENCOUNTER SCREENING MAMMO MALIG NEOPLASM	Approved	
Z12.31	BREAST	Approved	
C67.8	Malignant neoplasm of overlapping sites of bladder MALIGNANT NEOPLASM OVERLAPPING	Approved	
C67.8	SITES OF BLADDER MALIGNANT NEOPLASM OVERLAPPING	Approved	
C67.8	SITES OF BLADDER DORSALGIA	Approved	
M54.9	UNSPECIFIED Elevated white blood cell count;	Approved	
D72.829	unspecified	Denied	Medical Director Review



R10.13	EPIGASTRIC PAIN	Approved	
M54.12	RADICULOPATHY CERVICAL REGION	Approved	
R91.1	SOLITARY PULMONARY NODULE	Approved	
R42	DIZZINESS AND GIDDINESS	Approved	
R41.3	OTHER AMNESIA	Denied	Medical Director Review
M47.816	SPONDYLOSIS W/O MYELOPATHY/R RADICULOPATHY LUMB RGN	Approved	
I25.10	ASHD NATIVE CORONARY ARTERY W/O ANGINA	Approved	
M47.816	PECTORIS SPONDYLOSIS W/O MYELOPATHY/R RADICULOPATHY LUMB RGN	Denied	Medical Director Review
M47.816	SPONDYLOSIS W/O MYELOPATHY/R RADICULOPATHY LUMB RGN	Denied	Medical Director Review
M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Approved	
N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
C64.9	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENAL PELVIS	Approved	

I20.0	Unstable angina	Approved	
G89.4	CHRONIC PAIN SYNDROME	Approved	
R94.31	Abnormal electrocardiogr am [ECG] [EKG]	Approved	
K42.9	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Approved	
M54.16	RADICULOPATH Y LUMBAR REGION	Approved	
S62.308A	UNSPECIFIED FRACTURE OF OTHER METACARPAL BONE INITIAL ENC CLOS FX	Approved	
S62.308A	Unspecified fracture of other metacarpal bone; initial encounter for closed fracture	Approved	
M54.5	LOW BACK PAIN	Denied	Medical Director Review
M75.122	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	Approved	
M75.122	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	Approved	
M54.17	RADICULOPATH Y LUMBOSACRAL REGION	Approved	
M54.17	RADICULOPATH Y LUMBOSACRAL REGION	Approved	

R31.9	HEMATURIA UNSPECIFIED	Approved
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Approved
M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Approved
M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Approved
M79.645	PAIN IN LEFT FINGERS	Approved
R20.1	HYPOESTHESIA OF SKIN	Approved
K76.89	OTHER SPECIFIED DISEASES OF LIVER	Approved
Q77.4	ACHONDROPLA SIA	Approved
M79.9	SOFT TISSUE DISORDER UNSPECIFIED	Approved
M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Approved
M43.17	SPONDYLOLIST HESIS LUMBOSACRAL REGION	Approved
M17.11	UNILATERAL PRIMARY OSTEOARTHRITI S RIGHT KNEE	Approved
M25.561	PAIN IN RIGHT KNEE	Approved

C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	
C34.90	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LU NG	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Approved	
R22.1	LOCALIZED SWELLING MASS AND LUMP NECK	Approved	
M54.16	RADICULOPATH Y LUMBAR REGION	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Approved	
M54.14	RADICULOPATH Y THORACIC REGION	Denied	Medical Director Review
C56.1	Malignant neoplasm of right ovary	Approved	
R93.8	ABNORMAL FIND ON DX IMAGING OTH SPEC BODY STRCT	Approved	
M25.512	PAIN IN LEFT SHOULDER	Denied	Medical Director Review
M25.512	PAIN IN LEFT SHOULDER	Approved	
C64.9	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	
N20.0	CALCULUS OF KIDNEY	Denied	Medical Director Review

M53.3	SACROCOCCYGEAL DISORDERS NEC	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Approved	
M54.16	RADICULOPATHY LUMBAR REGION	Approved	
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	
M54.12	RADICULOPATHY CERVICAL REGION	Denied	Medical Director Review
C19	Malignant neoplasm of rectosigmoid junction	Approved	
C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs	Approved	
R94.31	ABNORMAL ELECTROCARDIOGRAM	Approved	
S46.012D	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	Approved	
M47.816	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY LUMB RGN	Approved	

	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY		
M47.816	LUMB RGN UNILATERAL PRIMARY	Approved	
M17.12	OSTEOARTHRITI S LEFT KNEE OCCLUSION AND STENOSIS OF RIGHT CAROTID	Approved	
I65.21	ARTERY PAIN IN UNSPECIFIED	Approved	
M25.569	KNEE DORSALGIA	Denied	Medical Director Review
M54.9	UNSPECIFIED MONOPLÉGIA UPPER LIMB LEFT NONDOMINAN	Denied	Medical Director Review
G83.24	T SIDE	Denied	Medical Director Review
	Malignant neoplasm of upper-inner quadrant of left female breast	Approved	
C50.212	SPINAL STENOSIS CERVICAL	Approved	
M48.02	REGION Unspecified fracture of other metacarpal bone; initial encounter for	Approved	
S62.308A	closed fracture	Approved	
R07.9	CHEST PAIN UNSPECIFIED PAIN IN RIGHT	Approved	
M25.551	HIP PAIN IN RIGHT	Approved	
M25.511	SHOULDER	Denied	Medical Director Review

M54.16	RADICULOPATHY LUMBAR REGION	Denied	Medical Director Review
C50.911	MALIGNANT NEOPLASM UNSITE RIGHT FEMALE BREAST	Approved	
M54.40	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Denied	Medical Director Review
S83.512A	SPRAIN ANTERIOR CRUCIATE LIGAMENT LEFT KNEE INITIAL ENC	Approved	
M25.562	PAIN IN LEFT KNEE	Denied	Medical Director Review
R07.9	CHEST PAIN UNSPECIFIED	Approved	
M25.562	PAIN IN LEFT KNEE UNSPECIFIED	Approved	
K74.60	CIRRHOSIS OF LIVER RIGHT LOWER QUADRANT	Approved	
R10.813	ABDOMINAL TENDERNESS	Approved	
R00.2	PALPITATIONS	Approved	
M25.512	PAIN IN LEFT SHOULDER SOLITARY PULMONARY NODULE	Denied	Medical Director Review
R91.1		Approved	
C64.9	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	
M50.90	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	Denied	Medical Director Review
M25.561	PAIN IN RIGHT KNEE	Denied	Medical Director Review

M51.36	OTH INTERVERTEBR AL DISC DEGEN LUMBAR REGION	Denied	Medical Director Review
S83.232D	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	Approved	
C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
M50.90	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	Denied	Medical Director Review
C50.811	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	Approved	
C64.9	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	
R41.3	OTHER AMNESIA	Denied	Medical Director Review
M25.562	PAIN IN LEFT KNEE	Approved	
R19.00	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	Denied	Medical Director Review
C67.8	Malignant neoplasm of overlapping sites of bladder	Approved	
R31.9	HEMATURIA UNSPECIFIED	Approved	



R10.9	UNSPECIFIED ABDOMINAL PAIN	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Approved	
S46.012D	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	Approved	
M54.16	RADICULOPATH Y LUMBAR REGION	Denied	Medical Director Review
N20.0	CALCULUS OF KIDNEY	Denied	Medical Director Review
M25.511	PAIN IN RIGHT SHOULDER	Denied	Medical Director Review
C82.95	FOLLICULAR LYMPHOMA UNS NODES ING RGN & LW LIMB	Approved	
N20.1	Calculus of ureter	Approved	
M25.561	PAIN IN RIGHT KNEE	Denied	Medical Director Review
C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	
J32.9	Chronic sinusitis; unspecified	Approved	
G44.89	OTHER HEADACHE SYNDROME	Approved	
M25.562	PAIN IN LEFT KNEE	Approved	
D36.10	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	Denied	Medical Director Review

M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	Approved	
G37.9	Demyelinating disease of central nervous system; unspecified	Approved	
C50.811	Malignant neoplasm of overlapping sites of right female breast	Approved	
M25.852	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	Approved	
M24.851	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	Denied	Medical Director Review
G50.0	TRIGEMINAL NEURALGIA	Approved	
C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	
C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	
C82.95	FOLLICULAR LYMPHOMA UNSPECIFIED INGRANULAR & LOWER LIMB	Approved	
D21.9	BENIGN NEOPLASM CONNECTIVE TISSUE UNSPECIFIED	Denied	Medical Director Review

R29.818	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	Approved	
J32.9	CHRONIC SINUSITIS UNSPECIFIED	Approved	
C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
R52	PAIN UNSPECIFIED	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
M17.11	UNILATERAL PRIMARY OSTEOARTHRITI S RIGHT KNEE	Approved	
M47.24	OTH SPONDYLOSIS W/RADICULOP ATHY THORACIC REGION	Denied	Medical Director Review
M25.561	PAIN IN RIGHT KNEE	Approved	
I25.10	ASHD NATIVE CORONARY ARTERY W/O ANGINA	Approved	
R06.02	PECTORIS SHORTNESS OF BREATH	Approved	
M25.562	PAIN IN LEFT KNEE	Approved	
M54.16	RADICULOPATH Y LUMBAR REGION	Approved	

	RADICULOPATH Y		
M54.17	LUMBOSACRAL REGION	Approved	
I63.9	CEREBRAL INFARCTION UNSPECIFIED	Approved	
C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	
S62.002K	UNS FX NAVICULAR BONE LT WRIST SUB FX NONUNION	Approved	
J32.8	OTHER CHRONIC SINUSITIS	Denied	Medical Director Review
S83.281A	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	Approved	
M47.896	OTHER SPONDYLOSIS LUMBAR REGION	Approved	
Q85.01	NEUROFIBROM ATOSIS TYPE 1	Approved	
Q85.01	NEUROFIBROM ATOSIS TYPE 1	Approved	
G93.5	COMPRESSION OF BRAIN	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Approved	
I65.23	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	Approved	

G44.039	Episodic paroxysmal hemicrania; not intractable UNILATERAL PRIMARY OSTEOARTHRITI	Denied	Medical Director Review
M16.12	S LEFT HIP EFFUSION	Approved	
M25.461	RIGHT KNEE OTHER SPEC DISORDERS	Approved	
H69.83	EUSTACHIAN TUBE BILAT RADICULOPATH Y CERVICAL	Approved	
M54.12	REGION PERITONITIS	Denied	Medical Director Review
K65.9	UNSPECIFIED OTHER NONSPECIFIC ABNORMAL FINDING OF	Approved	
R91.8	LUNG FIELD TRIGEMINAL	Approved	
G50.0	NEURALGIA	Approved	
C82.80	Other types of follicular lymphoma; unspecified site	Approved	
Z85.51	Personal history of malignant neoplasm of bladder LOCALIZED SWELLING MASS AND	Denied	Medical Director Review
R22.1	LUMP NECK	Denied	Medical Director Review
R51	HEADACHE	Denied	Medical Director Review
R77.2	Abnormality of alphafetoprotei n	Denied	Medical Director Review

I25.10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	
C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Denied	Medical Director Review
R20.2	PARESTHESIA OF SKIN	Approved	
C50.811	Malignant neoplasm of overlapping sites of right female breast	Approved	
R53.83	OTHER FATIGUE LOCALIZED	Approved	
R59.0	ENLARGED LYMPH NODES	Approved	
N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
Z12.31	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	Denied	Medical Director Review
R31.9	HEMATURIA UNSPECIFIED RADICULOPATHY CERVICAL	Approved	
M54.12	REGION	Approved	
G51.0	BELLS PALSY	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Approved	
K83.1	OBSTRUCTION OF BILE DUCT	Approved	

R10.9	UNSPECIFIED ABDOMINAL PAIN	Approved	
G43.909	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Director Review
S83.241A	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC SPONDYLOSIS W/O MYELOPATH/R ADICULPATHY	Approved	
M47.817	LS RGN CHRONIC PAIN	Denied	Medical Director Review
G89.4	SYNDROME	Approved	
C19	Malignant neoplasm of rectosigmoid junction MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
C90.00		Approved	
Q27.9	CONGENITAL MALFORMATIO N PERIPHERAL VASC SYS UNS LOCALIZED SWELLING MASS AND LUMP NECK	Approved	
R22.1	PAIN IN RIGHT	Denied	Medical Director Review
M25.551	HIP PAIN IN LEFT	Approved	
M25.562	KNEE	Approved	
C20	MALIGNANT NEOPLASM OF RECTUM	Approved	

	IRON DEFICIENCY ANEMIA		
D50.9	UNSPECIFIED	Denied	Medical Director Review
	CHEST PAIN		
R07.9	UNSPECIFIED	Denied	Medical Director Review
	FOLLICULAR LYMPHOMA		
	UNS NODES ING RGN & LW LIMB	Approved	
C82.95			
	Follicular lymphoma; unspecified; lymph nodes of inguinal region and lower limb	Approved	
C82.95			
	Follicular lymphoma; unspecified; lymph nodes of inguinal region and lower limb	Approved	
C82.95			
	PAIN IN RIGHT KNEE	Approved	
M25.561			
	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	
C54.1			
	OTHER SPONDYLOSIS LUMBAR REGION	Denied	Medical Director Review
M47.896			
	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	Approved	
S83.241D			
	PERIODIC HEADACHE SYND CHILD/ADULT INTRACTABLE	Approved	
G43.C1			



C61	Malignant neoplasm of prostate	Denied	Medical Director Review
C61	Malignant neoplasm of prostate	Denied	Medical Director Review
M50.30	OTH CERVICAL DISC DEGENERATION UNS CERV REGION INTRA-ABD & PELVIC SWELLING MASS & LUMP	Approved	
R19.00	UNS SITE PAIN IN RIGHT SHOULDER	Approved	
M25.511	RADICULOPATHY LUMBAR REGION	Denied	Medical Director Review
M54.16	OTHER	Approved	
G89.29	CHRONIC PAIN	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
J98.4	OTHER DISORDERS OF LUNG LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED	Denied	Medical Director Review
C91.90	REMISS	Approved	
C91.90	Lymphoid leukemia; unspecified not having achieved remission	Approved	
J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Director Review

C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
M25.361	OTHER INSTABILITY RIGHT KNEE	Approved	
M50.30	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	
M47.893	OTHER SPONDYLOSIS CERVICOTHORA CIC REGION	Approved	
S02.2XXA	FRACTURE NASAL BONES INITIAL ENCOUNTER CLOSED FX	Approved	
S02.2XXA	Fracture of nasal bones; initial encounter for closed fracture	Approved	
S02.2XXA	FRACTURE NASAL BONES INITIAL ENCOUNTER CLOSED FX	Denied	Medical Director Review
S02.2XXA	Fracture of nasal bones; initial encounter for closed fracture	Denied	Medical Director Review
D38.1	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	Approved	
M25.512	PAIN IN LEFT SHOULDER	Denied	Medical Director Review
H93.11	TINNITUS RIGHT EAR	Approved	

M54.16	RADICULOPATHY LUMBAR REGION UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE EFFUSION	Approved	
M17.12	RIGHT KNEE EFFUSION	Approved	
M25.461	RIGHT KNEE EFFUSION	Approved	
M25.461	RIGHT KNEE	Approved	
M23.42	LOOSE BODY IN KNEE LEFT KNEE MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE	Approved	
C50.811	BREAST OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	Denied	Medical Director Review
I65.23	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	Approved	
D36.10	CEREBRAL ANEURYSM NONRUPTURED CHRONIC MAXILLARY SINUSITIS	Approved	
G37.9	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	Approved	
I67.1			
J32.0			
Z12.2			

R10.11	RIGHT UPPER QUADRANT PAIN	Approved	
C50.111	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Denied	Medical Director Review
R31.9	HEMATURIA UNSPECIFIED	Approved	
Q77.4	ACHONDROPLA SIA	Approved	
M75.52	BURSITIS OF LEFT SHOULDER	Approved	
M25.561	PAIN IN RIGHT KNEE	Approved	
M23.231	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ RT KNEE	Approved	
M25.512	PAIN IN LEFT SHOULDER	Approved	
C50.212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Approved	
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Approved	
M43.16	SPONDYLOLISTHESIS LUMBAR REGION	Approved	

J32.9	CHRONIC SINUSITIS UNSPECIFIED SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.816	LUMB RGN SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.816	LUMB RGN SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.816	LUMB RGN PAIN IN RIGHT	Approved	
M25.561	KNEE	Denied	Medical Director Review
M23.91	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE EFFUSION	Approved	
M25.461	RIGHT KNEE	Approved	
M23.42	LOOSE BODY IN KNEE LEFT KNEE NEW DAILY PERSISTENT	Approved	
G44.52	HEADACHE LEFT UPPER QUADRANT	Denied	Medical Director Review
R10.12	PAIN Occlusion and stenosis of left	Denied	Medical Director Review
I65.22	carotid artery MALIGNANT NEOPLASM OVERLAP SITE	Denied	Medical Director Review
C50.811	RT FEMALE BREAST	Approved	

D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Approved
R10.84	Generalized abdominal pain Oth inflammatory and immune myopathies	Approved
G72.49	NEC	Approved
R10.9	Unspecified abdominal pain	Approved
H21.02	Hyphema left eye	Approved
F04	Amnestic disorder due to known physiological condition	Approved
S31.109A	Unsp opn wnd abd wall unsp q w/o penet perit cav init	Approved
K56.609	Unsp intestnl obst unsp as to partial versus complete obst	Approved
Z85.3	Personal history of malignant neoplasm of breast	Approved
S22.5XXA	Flail chest initial encounter for closed fracture	Approved
K76.6	Portal hypertension	Approved
C40.21	Malignant neoplasm of long bones of right lower limb	Approved

	Anemia		
D64.9	unspecified	Approved	
G93.0	Cerebral cysts	Approved	
	Chest pain		
R07.9	unspecified	Approved	
	Unspecified		
R56.9	convulsions	Approved	
	Other		
	pulmonary		
	embolism		
	without acute		
I26.99	cor pulmonale	Approved	
	Other injury of		
	unspecified		
	body region		
	initial		
T14.8XXA	encounter	Approved	
	Female		
	infertility		
N97.9	unspecified	Approved	
	Nontoxic		
	multinodular		
E04.2	goiter	Denied	Medical Director Decision
	Other		
	pulmonary		
	embolism		
	without acute		
I26.99	cor pulmonale	Approved	
	Disproportion		
	of		
	reconstructed		
N65.1	breast	Approved	
	Dental caries		
K02.9	unspecified	Approved	
	Other cervical		
	disc		
	displacement at		
M50.223	C6-C7 level	Approved	
	Unspecified		
R10.9	abdominal pain	Approved	
	Rheumatoid		
	arthritis w/o		
	rheumatoid		
	factor multiple		
M06.09	sites	Approved	

J32.8	Other chronic sinusitis	Denied	Medical Director Decision
	Major depressive disorder recurrent		
F33.9	unspecified	Denied	Medical Director Decision
F41.1	Generalized anxiety disorder	Denied	Medical Director Decision
	Other developmental disorders of speech and language		
F80.89		Approved	
M81.8	Other osteoporosis without current pathological fracture	Approved	
	Other cervical disc displacement at C6-C7 level	Approved	
M50.223	Nondisp fx of 4th metatarsal bone r ft 7thK	Approved	
S92.344K	Major depressive disorder recurrent moderate	Denied	Medical Director Decision
F33.1			
K50.90	J3357	Approved	
L20.9	C9399	Approved	
M15.0		Approved	
M17.11	J7325	Approved	
K21.0		Approved	
C19	C9399	Approved	
K50.80	J1745	Approved	
M17.11		Approved	
F95.2	J8499	Approved	
P07.31	90378	Approved	
M17.12	J7327	Approved	
L70.0		Approved	
L40.0	J8499	Approved	
L70.0	J3490	Approved	



I10		Approved
C18.9	C9399	Approved
G43.719	J0585	Approved
L20.89		Approved
M81.0	J0897	Approved
N97.9		Approved
M17.12	J7325	Approved
G51.3	J0585	Approved
C79.49	J3490	Approved
E11.29	C9399	Approved
G40.911	J8499	Approved
E78.5	C9399	Approved
K21.9		Approved
I50.42		Approved
K51.90		Approved
M17.12	J7324	Approved
J45.20		Approved
I10	C9399	Approved
G80.9	J0585	Approved
P07.22	90378	Approved
J45.40	C9466	Approved
K51.919	J1745	Approved
C90.00	C9399	Approved
L40.50	J1745	Approved
M51.36		Approved
T78.2XXA		Approved
K50.00	J3380	Approved
B18.2	J8499	Approved
D80.1	J1561	Approved
L40.8	J8499	Approved
N97.9	S0128	Approved
F90.2		Approved
R10.2	J1950	Approved
Q61.2		Approved
N52		Approved
L40.59	J1745	Approved
M17.12	J7324	Approved
G89.4		Approved
M17.11	J7324	Approved
L40.0	J8499	Approved
G04.00	J9310	Approved
M17.12	J7325	Approved
G43.709	C9399	Approved
P27.1	90378	Approved
D69.3	J1568	Approved
L40.0	J8499	Approved
M06.09	J9310	Approved

Z30.41		Approved
I51.9		Approved
Z94.84	J8499	Approved
D69.3	J1568	Approved
K50.818	J1745	Approved
K21.9	J8499	Approved
F98.8		Approved
G04.00	J9310	Approved
G43.719		Approved
M17.0	J7325	Approved
M54.5		Approved
R68	J8499	Approved
R68.89	J8499	Approved
K50.118	J1745	Approved
G89.29	J8499	Approved
L40.9	J8499	Approved
A04.7		Approved
M17.11	J7325	Approved
G35	J1595	Approved
K59.00		Approved
M17.0		Approved
M46.90	C9399	Approved
K27.9		Approved
I27.0	J8499	Approved
K50.90	J1745	Approved
M17.0	J7325	Approved
L70.0		Approved
E24.9	J8499	Approved
F33.1		Approved
K21.0	J8499	Approved
R68.89	J2357	Approved
G89.28	J3490	Approved
L40.50	J8499	Approved
L40.52	J8499	Approved
M17.0	J7325	Approved
K50.10	J1745	Approved
E11.311	J2778	Approved
B18.2	J8499	Approved
D63.1	J0885	Approved
M32.10	J0490	Approved
G61.81	J1561	Approved
M51.9	J8499	Approved
M17.1		Approved
G47.33		Approved
M06.9	J9310	Approved
M17.0	J7325	Approved
G47.419	J8499	Approved

K28.3	J8499	Approved
K50.90	J3358	Approved
G35	J0202	Approved
E29.1		Approved
E78.2		Approved
E84.9	J7639	Approved
N40.1	J8499	Approved
L70.0		Approved
E11.311	J2778	Approved
K50	J0135	Approved
I69.398		Approved
R61		Approved
B25.9	J8499	Approved
N52.01	J8499	Approved
M05.79	J8499	Approved
K21.9	J8499	Approved
M54.5	J8499	Approved
E10.9	A4253	Approved
L50.1	J2357	Approved
M17.11	J7325	Approved
M13.0	J8499	Approved
N97.9		Approved
J45.909	J3535	Approved
F90.2		Approved
M51.36		Approved
K51.00	J1745	Approved
M25.519		Approved
M17.12		Approved
G35	Q3028	Approved
M81.0	J0897	Approved
M47.817	J8499	Approved
F90.2		Approved
K50.914	J0135	Approved
K21.9	J8499	Approved
G43.709	J0585	Approved
F90.0		Approved
M17.11	J7324	Approved
R41.840		Approved
N32.81	J0585	Approved
L70.0		Approved
K50.10	J0135	Approved
C79.51	J8499	Approved
G47.33		Approved
E29.1		Approved
M17.11	J7327	Approved
E29.1		Approved
R68.89	J0585	Approved

G35	Q3028	Approved
L40.0	C9399	Approved
G40.89		Approved
D89.9	J1561	Approved
M31.1	J9310	Approved
M17.0	J7325	Approved
M17.0	J7325	Approved
L40.0	J0135	Approved
L40.0	J8499	Approved
Z94.4	J1442	Approved
G43.019		Approved
G81.11		Approved
I73.00		Approved
J45.40	J3535	Approved
K21.9		Approved
J45.20	J3535	Approved
K50.80	J3357	Approved
M54.5		Approved
M05.79	J3590	Approved
M17.11	J7325	Approved
C91.10	C9399	Approved
R19.7	J8499	Approved
G47.10	J8499	Approved
G89.4		Approved
K72.90		Approved
M17.12		Approved
G47.19		Approved
C85.90	J1561	Approved
N40.1	J8499	Approved
E70.0	J8499	Approved
F90.9		Approved
K51.019		Approved
M05.79	J1438	Approved
F33.1		Approved
L40.50	J1438	Approved
B17.1	J8499	Approved
G43.711	J0585	Approved
F41.9		Approved
F90.2		Approved
M54.16		Approved
L21.8		Approved
M19.90		Approved
J45.909	J3535	Approved
K50.90	J1745	Approved
K50.90	J1745	Approved
M81.0	J0897	Approved
G47.30		Approved

M54.16		Approved	
M25.561	J8499	Approved	
F90.2		Approved	
R68.89	J8499	Approved	
G89.4		Approved	
F90.0		Approved	
F90.0		Approved	
M47.816		Approved	
G40.319		Approved	
R10.2		Approved	
D63.1	J0885	Approved	
M96.1	J8499	Approved	
C71.9	J8700	Approved	
G70		Approved	
L40.59	J1745	Approved	
C79.51	J0897	Approved	
K50.113	J1745	Approved	
M17.12	J7327	Approved	
C56.1		Approved	
C56.1	J1453	Approved	
G43.719	J0585	Approved	
G35	J8499	Approved	
Z47.1	J8499	Approved	
G35	J8499	Approved	
C85.15	J9310	Approved	
D80.1	90283	Approved	
G70.00		Approved	
M85.80	J0897	Approved	
M05.79	J9310	Approved	
C79.51	J0897	Approved	
C64.2	J9299	Approved	
C85.90	J9310	Approved	
C85.90	J9000	Approved	
E78.2	C9399	Approved	
C61	J9043	Approved	
K50.90	Q5103	Denied	BY MEDICAL DIRECTOR REVIEW
K21.0		Denied	BY MEDICAL DIRECTOR REVIEW
N52.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
M06.9	J0717	Denied	BY MEDICAL DIRECTOR REVIEW
M17.12	J7328	Denied	BY MEDICAL DIRECTOR REVIEW
J45	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
F31.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
F17.200		Denied	BY MEDICAL DIRECTOR REVIEW
D50		Denied	BY MEDICAL DIRECTOR REVIEW
L40.0		Denied	BY MEDICAL DIRECTOR REVIEW
M25.561	Q9993	Denied	BY MEDICAL DIRECTOR REVIEW

G43.719	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
M17.0		Denied	BY MEDICAL DIRECTOR REVIEW
M06.9	J0717	Denied	BY MEDICAL DIRECTOR REVIEW
E78.2		Denied	BY MEDICAL DIRECTOR REVIEW
L73.8		Denied	BY MEDICAL DIRECTOR REVIEW
F90.2	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N52.9		Denied	BY MEDICAL DIRECTOR REVIEW
M17.0	J7323	Denied	BY MEDICAL DIRECTOR REVIEW
N30.20		Denied	BY MEDICAL DIRECTOR REVIEW
M17.0	J7324	Denied	BY MEDICAL DIRECTOR REVIEW
E10.8	J1815	Denied	BY MEDICAL DIRECTOR REVIEW
K73.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
Z94.1	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
N32.81		Denied	BY MEDICAL DIRECTOR REVIEW
E11.9		Denied	BY MEDICAL DIRECTOR REVIEW
K51.90		Denied	BY MEDICAL DIRECTOR REVIEW
R32		Denied	BY MEDICAL DIRECTOR REVIEW
M81.0	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
J45.909	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
E29.1		Denied	BY MEDICAL DIRECTOR REVIEW
L95.9	J2357	Denied	BY MEDICAL DIRECTOR REVIEW
E78.5		Denied	BY MEDICAL DIRECTOR REVIEW
J44.9		Denied	BY MEDICAL DIRECTOR REVIEW
G43.009		Denied	BY MEDICAL DIRECTOR REVIEW
L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
L40.0	C9029	Denied	BY MEDICAL DIRECTOR REVIEW
M06.9	J3262	Denied	BY MEDICAL DIRECTOR REVIEW
K51.00		Denied	BY MEDICAL DIRECTOR REVIEW
E78.5		Denied	BY MEDICAL DIRECTOR REVIEW
M06.9	J3262	Denied	BY MEDICAL DIRECTOR REVIEW
I10	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
L95.9	J2357	Denied	BY MEDICAL DIRECTOR REVIEW
M17.0	Q9993	Denied	BY MEDICAL DIRECTOR REVIEW
G89.4		Denied	BY MEDICAL DIRECTOR REVIEW
M81	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
M10	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
G43.009	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N32.81		Denied	BY MEDICAL DIRECTOR REVIEW
L40.8		Denied	BY MEDICAL DIRECTOR REVIEW
M17.11	J7323	Denied	BY MEDICAL DIRECTOR REVIEW
R51		Denied	BY MEDICAL DIRECTOR REVIEW
B18.2	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
F98.8		Denied	BY MEDICAL DIRECTOR REVIEW
N32.81		Denied	BY MEDICAL DIRECTOR REVIEW
M17.12	J7323	Denied	BY MEDICAL DIRECTOR REVIEW
R35.0		Denied	BY MEDICAL DIRECTOR REVIEW

M17.11	J7325	Denied	BY MEDICAL DIRECTOR REVIEW
N32.81		Denied	BY MEDICAL DIRECTOR REVIEW
J31.0	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
E29.1	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
J45.40		Denied	BY MEDICAL DIRECTOR REVIEW
R68.89	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
R79.89	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
N40.1		Denied	BY MEDICAL DIRECTOR REVIEW
R79.89	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
R79.89	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
L70.0	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
M54.5		Denied	BY MEDICAL DIRECTOR REVIEW
R68.89	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
M17.12		Denied	BY MEDICAL DIRECTOR REVIEW
G43.711	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
M54.5	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
K20.0		Denied	BY MEDICAL DIRECTOR REVIEW
Z41.8		Denied	BY MEDICAL DIRECTOR REVIEW
B25.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
M17.11	J7327	Denied	BY MEDICAL DIRECTOR REVIEW
N32.81		Denied	BY MEDICAL DIRECTOR REVIEW
G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
L40.0	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
F17.210		Denied	BY MEDICAL DIRECTOR REVIEW
F90.2		Denied	BY MEDICAL DIRECTOR REVIEW
R68	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
G43.009		Denied	BY MEDICAL DIRECTOR REVIEW
G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
M50.30		Denied	BY MEDICAL DIRECTOR REVIEW
L40.0	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
G90.522	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
M05.79	J1438	Denied	BY MEDICAL DIRECTOR REVIEW
M81.0	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
B18.2		Denied	BY MEDICAL DIRECTOR REVIEW
K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
E10.9		Denied	BY MEDICAL DIRECTOR REVIEW
M17.11	J7327	Denied	BY MEDICAL DIRECTOR REVIEW
G43.909	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
M17.0		Denied	BY MEDICAL DIRECTOR REVIEW
E78.5		Denied	BY MEDICAL DIRECTOR REVIEW
M17.11		Denied	BY MEDICAL DIRECTOR REVIEW
R68.89	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
G43.711		Denied	BY MEDICAL DIRECTOR REVIEW
G43	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N80	J8499	Denied	BY MEDICAL DIRECTOR REVIEW

G43	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
E78.2	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
F17.200	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
G43.019		Denied	BY MEDICAL DIRECTOR REVIEW
E11.9		Denied	BY MEDICAL DIRECTOR REVIEW
E11.69	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
G43.909	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
G47.419		Denied	BY MEDICAL DIRECTOR REVIEW
G47.30		Denied	BY MEDICAL DIRECTOR REVIEW
N52.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
F98.8		Denied	BY MEDICAL DIRECTOR REVIEW
M47.816	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
M47.816	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
M32.14	J9310	Denied	BY MEDICAL DIRECTOR REVIEW
M17.12	J7323	Denied	BY MEDICAL DIRECTOR REVIEW
R68.89	C9399	Denied	BY MEDICAL DIRECTOR REVIEW